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Image# 201507319000525037

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 32	X For	Other Than	An Authorized	d Commit	tee		Office Use Only	,
NAME OF COMMITTEE		E OR PRINT		ample: If typer the lines.	oing, type	12FE4M5		
CONSERVA	TIVE, AUTHI	ENTIC, RE	SPONSIVE L	EADER	SHIP FOR	R YOU AN	D FOR AM	IERICA
ADDRESS (number		O Box 26141						
Check if of than prev reported.	iously , ,	Alexandria				VA	22313]-[
2. FEC IDENTIF	FICATION NUMB	ER ▼	CITY		;	STATE A	ZIP C	CODE A
C C00573	3154		3. IS THIS REPORT	×	NEW (N) OR	AN (A)	MENDED	
4. TYPE OF R (Choose One) (a) Quarterly	Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July Quar Octol Quar Janua	terly Report (Q1)		y Election t for the:	Primary (12		General Special (
X July : Repo Year	31 Mid-Year rt (Non-election Only) (MY) ination Report		y -Election t for the:	General (3	OG)	Runoff (3	in the	
5. Covering Perio	od 01	01	2015	through	M M 06	30	2015	
I certify that I have Type or Print Nam		eport and to t	_	wledge and	belief it is tru	ie, correct and	d complete.	
Signature of Treas	urer <i>Chris M. M</i>	Marston		[Electronica	lly Filed]	oate 07	31	2015
NOTE: Submission	of false, erroneous	, or incomplete	information may su	ubject the pe	erson signing th	nis Report to the	ne penalties of 2	2 U.S.C. §437g.
Office Use Only							FEC FO Rev. 12	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

			UMN A Period		LUMN B r Year-to-Date
(a) Cash on Hand January 1,	Y Y Y 2015			7	0.00
(b) Cash on Hand at Beginning of Reporting F	Period		0.00		
(c) Total Receipts (from Line	9 19)		3458670.78	7	3458670.7
(d) Subtotal (add Lines 6(b) 6(c) for Column A and Li 6(a) and 6(c) for Column	ines		3458670.78		3458670.7
Total Disbursements (from Lir	ne 31)	7	1323589.98		1323589.9
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d	d))		2135080.80		2135080.8
Debts and Obligations Owed the Committee (Itemize all on Schedule C and/or Schedule			0.00		
Debts and Obligations Owed the Committee (Itemize all on Schedule C and/or Schedule			0.00		

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

other than loans) From: //Persons Other ical Committees ed (use Schedule A)	Total This Period 2851913 103692 2955606 0 502500 3458106	2.46 3.09 3.00 3.00	2851913.63 103692.46 2955606.09 0.00 502500.00
ical Committees ed (use Schedule A) inized	103692 2955606 0 502500	2.46 3.09 3.00 3.00	103692.46 2955606.09 0.00 502500.00
arty Committees PACs) ributions (add Lines b), and (c)) (Carry Line 33, page 5)	103692 2955606 0 502500	2.46 3.09 3.00 3.00	103692.46 2955606.09 0.00 502500.00
arty Committees	103692 2955606 0 502500	2.46 3.09 3.00 3.00	103692.46 2955606.09 0.00 502500.00
. (add 11(a)(i) and (ii)	2955606 0 502500	0.00	2955606.09 0.00 502500.00
arty Committees Party Committees PACs) ributions (add Lines b), and (c)) (Carry ine 33, page 5)	502500	0.00	0.00
ributions (add Lines b), and (c)) (Carry ine 33, page 5)	502500	0.00	502500.00
PACs)			
ributions (add Lines b), and (c)) (Carry ine 33, page 5)	3458106	.09	
b), and (c)) (Carry ine 33, page 5)	3458106	.09	3458106.09
ine 33, page 5)	3458106	.09	3458106.09
Affiliated/Other			
	0	.00	0.00
		.00	
eived	0	.00	0.00
nts Received	0	.00	0.00
rating Expenditures			
ates, etc.)			
Line 37, page 5)	564	.69	564.69
ntributions Made			
didates and Other			
ittees	0	.00	0.00
erest, etc.)	0.	00	0.00
			, , , , , , , , , , , , , , , , , , , ,
	 		
edule H3)	0.	00	0.00
s (from Schedule H5)	0	0.00	0.00
(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			
ers (add 18(a) and 18(b))		.00	0.00
	ents Received Erating Expenditures ates, etc.) D Line 37, page 5) Intributions Made adidates and Other aditees Receipts Berest, etc.) Non-Federal and Levin Funds al Account Bedule H3) S (from Schedule H5) fers (add 18(a) and 18(b)) (add Lines 11(d), 16, 17, and 18(c))	prating Expenditures ates, etc.) 2 Line 37, page 5)	erating Expenditures ates, etc.) D Line 37, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b			
,	Expenditures	1297880.85	1297880.85
(0	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1297880.85	1297880.85
22. T	ransfers to Affiliated/Other Party	, 12,000,00	7
	ommitteesontributions to	0.00	0.00
F a	ederal Candidates/Committees nd Other Political Committees	0.00	0.00
	dependent Expenditures	25709.13	25709.13
25. C	oordinated Party Expenditures	25.55.15	23705.10
(2 (L	2 U.S.C. §441a(d)) ise Schedule F)	0.00	0.00
26. Lo	pan Repayments Made	0.00	0.00
		200	2.22
27. Lo 28. R	oans Madeefunds of Contributions To:	0.00	0.00
(a	a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b	í	0.00	0.00
(0	(such as PACs)	0.00	0.00
(c	Total Contribution Refunds		
()	(add Lines 28(a), (b), and (c))▶	0.00	0.00
29. O	ther Disbursements	0.00	0.00
80. F	ederal Election Activity (2 U.S.C. §431(20))		
(a	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(,		
,.	(ii) "Levin" Share	0.00	0.00
(b	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
31. To	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	1323589.98	1323589.98
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	1222500.00	1323589.98
tr	om Line 31)	1323589.98	1323389.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3458106.09	3458106.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3458106.09	3458106.09
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1297880.85	1297880.85
7. Offsets to Operating Expenditures (from Line 15, page 3)	564.69	564.69
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1297316.16	1297316.16

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	PAGE	6	OF	;	362			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) PETER F. BAKER Date of Receipt Mailing Address 691 MAIN ST 29 2015 City Zip Code State Transaction ID: SA11.99965 WATERTOWN MA 02472-2125 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation NONE RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **B. JANNIS BALDWIN** Date of Receipt Mailing Address 4500 CHRISTOPHER DR 06 26 2015 City State Zip Code Transaction ID: SA11.101692 **AUSTIN** TX 78746-2448 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **HOMEMAKER HOMEMAKER** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. DR. MICHAEL BALFE Date of Receipt Mailing Address 625 CARLYON AVE SE 06 13 2015 City Zip Code State Transaction ID: SA11.99573 WA **OLYMPIA** 98501-3414 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **PHYSICIAN GROUP HEALTH PERMANENTE** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) RICHARD C BANKS Date of Receipt Mailing Address P.O. BOX 5146 04 17 2015 City Zip Code State Transaction ID: SA11.82 CA SANTA BARBARA 93150-5146 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. DAVID BARAN Date of Receipt Mailing Address 636 FAIRWAY VIEW TERRACE 06 27 2015 City State Zip Code Transaction ID: SA11.99902 SOUTHLAKE TX 76092-9549 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation MOHAWK INDUSTRIES **MANAGER** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. MR. FRANK E. BAXTER Date of Receipt Mailing Address 11100 SANTA MONICA BLVD. 11TH FLOOR 05 14 2015 City State Zip Code Transaction ID: SA11.99293 CA LOS ANGELES 90025-3384 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Oi	for commercial purposes, other than using the	maine and address of any political committee to	3011CIT CONTINUATIONS HOTH SUCH COMMITTEE.
\rangle	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC	, RESPONSIVE LEADERSHIP FO	OR YOU AND FOR AMERICA
A.	Full Name (Last, First, Middle Initial) LINDA BEAN Mailing Address 1185 U.S. ROUTE 1 SUITE 3 City FREEPORT FEC ID number of contributing federal political committee. Name of Employer LINDA BEAN PERFECT MAINE LOBSTER Receipt For: Primary General Other (specify)	State Zip Code ME 04032-7129 C Occupation OWNER Aggregate Year-to-Date ▼ 35000.00	Date of Receipt M M M / D 2015 Transaction ID : SA11.99284 Amount of Each Receipt this Period 35000.00 CONTRIBUTION
В.	Full Name (Last, First, Middle Initial) JUDITH BEAUMONT Mailing Address 4859 S. ATLANTIC AVE. City PONCE INLET FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State Zip Code FL 32127-7207 C Occupation RETIRED Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M M / 30 2015 Transaction ID: SA11.100039 Amount of Each Receipt this Period 2500.00 CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) MR. DENNIS S. BECK Mailing Address 345 N. MAPLE DRIVE #280 City BEVERLY HILLS FEC ID number of contributing federal political committee. Name of Employer BECK CAPITAL Receipt For: Primary General Other (specify)	State Zip Code CA 90210-5183 C Occupation INVESTOR Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)	>	38000.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) **GREG BERVY** Date of Receipt Mailing Address P.O. BOX 11468 06 2015 City Zip Code State Transaction ID: SA11.99493 MT **BOZEMAN** 59719-1468 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF** REAL ESTATE/ RANCH/FARM Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. BARBARA D BIGGI Date of Receipt Mailing Address P.O. BOX 29 06 26 2015 City State Zip Code Transaction ID: SA11.101696 **HOCKLEY** TX 77447-0029 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF** SEMI-RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MR. DONALD BREN Date of Receipt Mailing Address PO BOX 3090 22 2015 05 State Zip Code Transaction ID: SA11.99366 **NEWPORT BEACH** CA 92658-3090 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation IRVINE COMPANY **CHAIRMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 6250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) CHARLES GRIFFIN CALE Date of Receipt Mailing Address P.O. BOX 688 04 2015 13 City Zip Code State Transaction ID: SA11.7 CA PACIFIC PALISADES 90272-0688 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation SELF EMPLOYED PRIVATE INVESTOR Receipt For: Aggregate Year-to-Date ▼ Primary General 8000.00 Other (specify) Full Name (Last, First, Middle Initial) B. CHARLES GRIFFIN CALE Date of Receipt Mailing Address P.O. BOX 688 05 22 2015 City State Zip Code Transaction ID: SA11.99365 PACIFIC PALISADES CA 90272-0688 Amount of Each Receipt this Period FEC ID number of contributing 6000.00 federal political committee. CONTRIBUTION Name of Employer Occupation SELF EMPLOYED PRIVATE INVESTOR Receipt For: Aggregate Year-to-Date ▼ Primary General 8000.00 Other (specify) Full Name (Last, First, Middle Initial) c. DEBORAH CARSTENS Date of Receipt Mailing Address 7101 N DESERT FAIRWAYS DR 26 06 2015 State Zip Code Transaction ID: SA11.99871 ΑZ PARADISE VALLEY 85253-3338 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 8250.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Of	for commercial purposes, other than using the	name and address of any political committee to	Solicit communions from Such committee.
$\left. \right\rangle$, RESPONSIVE LEADERSHIP F	OR YOU AND FOR AMERICA
Α.	Full Name (Last, First, Middle Initial) HENRY J. CARUSO Mailing Address 912 BENEDICT CANYON DR City BEVERLY HILLS FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For:	State Zip Code CA 90210-2817 C Occupation RETIRED	Date of Receipt 05 03 2015 Transaction ID: SA11.224 Amount of Each Receipt this Period 20000.00 CONTRIBUTION
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	
В.	Full Name (Last, First, Middle Initial) BILL CASE Mailing Address 2051 WHYTE PARK AVE City	State Zip Code	Date of Receipt 06 29 2015 Transaction ID : SA11.101208
	WALNUT CREEK FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	CA 94595-1342 C Occupation RETIRED Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 250.00 CONTRIBUTION
C .	Full Name (Last, First, Middle Initial) BILL CASE Mailing Address 2051 WHYTE PARK AVE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WALNUT CREEK FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State Zip Code CA 94595-1342 C Occupation RETIRED Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 250.00 CONTRIBUTION
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	20500.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) JOHN CATSIMATIDIS Date of Receipt Mailing Address 817 5TH AE 04 20 2015 City Zip Code State Transaction ID: SA11.10 NY **NEW YORK** 10065-7254 Amount of Each Receipt this Period FEC ID number of contributing 7500.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation UNITED REFINING CO **CHAIRMAN & CEO** Receipt For: Aggregate Year-to-Date ▼ Primary General 7500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** CURT CERVENY Date of Receipt Mailing Address 958 CONEFLOWER DR 06 27 2015 City State Zip Code Transaction ID: SA11.100786 **GOLDEN** CO 80401-9206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation TELEPHONE TOWNHALL MEETING SALES Receipt For: Aggregate Year-to-Date ▼ Primary General MEETING VENUE & FOOD/BEVERAGES 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. SCOTT CHIPMAN Date of Receipt Mailing Address 2247 EMERALD ST 06 29 2015 City State Zip Code Transaction ID: SA11.101215 CA SAN DIEGO 92109-3746 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **DESIGNER CEO DESIGN SYNTHESIS** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 8250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MRS. ELLOINE H. CLARK Date of Receipt Mailing Address 3716 MAPLEWOOD AVE. 08 2015 City Zip Code State Transaction ID: SA11.247 75205-2827 **DALLAS** TX Amount of Each Receipt this Period FEC ID number of contributing 50000.00 federal political committee. CONTRIBUTION Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) Full Name (Last, First, Middle Initial) B. MRS. ELLOINE H. CLARK Date of Receipt Mailing Address 3716 MAPLEWOOD AVE. 05 12 2015 City State Zip Code Transaction ID: SA11.99286 **DALLAS** TX 75205-2827 Amount of Each Receipt this Period FEC ID number of contributing 50000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) Full Name (Last, First, Middle Initial) c. ANDREW COHN Date of Receipt Mailing Address 6019 E MARIPOSA ST 05 19 2015 City State Zip Code Transaction ID: SA11.99330 ΑZ **SCOTTSDALE** 85251-1935 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **INVESTOR SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 102500.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) KEN CONDAL Date of Receipt Mailing Address 44 ALEXANDRA WAY 2015 22 City State Zip Code Transaction ID: SA11.102245 08809-2625 CLINTON NJ Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFO INFORMATION REQUESTED PER BEST EFF Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MARIA CONNOR Date of Receipt Mailing Address 36 ALLERTON ST. 06 27 2015 City State Zip Code Transaction ID: SA11.101611 **BROOKLINE** MA 02445-7726 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation POLYVINYL FILMS **MARKETING** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. MARK CONSTANTIAN Date of Receipt Mailing Address 99 TWISS LANE 06 22 2015 City Zip Code State Transaction ID: SA11.102246 NH NASHUA 03049-6569 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation PLASTIC SURGEON **SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

Use separate schedule(s) for each category of the **Detailed Summary Page**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MICHAEL COTIGNOLA Date of Receipt Mailing Address 201 COLUMBIA TURNPIKE 25 2015 City Zip Code State Transaction ID: SA11.17 FLORHAM PARK NJ 07932-1216 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF ATTORNEY** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. SARA K CUMBELICH Date of Receipt Mailing Address 33 BELLEUVE AVENUE 30 06 2015 City State Zip Code Transaction ID: SA11.100076 **PIEDMONT** CA 94611-3501 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **CBRE REAL ESTATE** Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) c. LILLIAN CUNNINGHAM Date of Receipt Mailing Address 315 NORTH LA GRANGE ROAD 2015 04 23 State Zip Code Transaction ID: SA11.106 IL LA GRANGE PARK 60526-1903 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 10500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) PETER CUNNIFF Date of Receipt Mailing Address 2870 E PAGE CT 30 2015 City State Zip Code Transaction ID: SA11.99995 **GILBERT** ΑZ 85234-6395 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. ROBERT DAY Date of Receipt Mailing Address 729 BEL AIR RD 04 21 2015 City State Zip Code Transaction ID: SA11.98 LOS ANGELES CA 90077-3005 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **OAKMONT CORPORATION** CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) Full Name (Last, First, Middle Initial) c. PAUL DICKSON Date of Receipt Mailing Address PO BOX 51367 05 06 2015 City State Zip Code Transaction ID: SA11.99487 LA **SHREVEPORT** 71135-1367 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation MORRIS & DICKSON CO., LLC **EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 106000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) SANDY DORF Date of Receipt Mailing Address 2555 N PEARL #1501 24 2015 City State Zip Code Transaction ID: SA11.102015 TX 75201-2247 **DALLAS** Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** GEORGE S DUNLOP Date of Receipt Mailing Address 1300 ARMY NAVY DRIVE 05 05 2015 City State Zip Code Transaction ID: SA11.183 **ARLINGTON** VA 22202-2054 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. DR. KAREN DUVALL Date of Receipt Mailing Address 14915 RAMOS PLACE 2015 05 14 State Zip Code Transaction ID: SA11.99306 CA PACIFIC PALISADES 90272-4461 Amount of Each Receipt this Period FEC ID number of contributing 4000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **PHYSICIAN** UCLA DEPT FAMILY MEDICINE Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) 4750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MR. DALE L. DYKEMA Date of Receipt Mailing Address 1963 VISTA CAUDAL 2015 City State Zip Code Transaction ID: SA11.99294 CA **NEWPORT BEACH** 92660-3915 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation TD SERVICE FINANCIAL **EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** SHARON EALEY Date of Receipt Mailing Address 9945 WHITEWOOD RD. 30 06 2015 City State Zip Code Transaction ID: SA11.101042 **BRECKSVILLE** OH 44141-1676 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation INFORMATION REQUESTED PER BEST INFORMATION REQUESTED PER BEST EFF Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. BROCK EARNHARDT Date of Receipt Mailing Address 1738 E 43RD ST 30 06 2015 City State Zip Code Transaction ID: SA11.99998 IΑ DAVENPORT 52807-1102 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MR. JAMES L. EASTON Date of Receipt Mailing Address 10800 WILSHIRE BLVD. #903 2015 14 City State Zip Code Transaction ID: SA11.99295 CA LOS ANGELES 90024-4205 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation JAS D EASTON INC. **EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. MRS. PHYLLIS F. EASTON Date of Receipt Mailing Address 15141 MULHOLLAND DRIVE 05 14 2015 City State Zip Code Transaction ID: SA11.99296 LOS ANGELES CA 90077-1618 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation SELF-EMPLOYED **DESIGNER** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MICHAEL A. ENRIGHT Date of Receipt Mailing Address 72 FREMONT PL 05 22 2015 State Zip Code Transaction ID: SA11.99364 CA LOS ANGELES 90005-3858 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **EXECUTIVE** CHARTWELL PARTNERS LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 11000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) PETER EWING Date of Receipt Mailing Address 7011 BISCAYNE AV 29 2015 City State Zip Code Transaction ID: SA11.99939 WHITE LAKE MI 48383-2809 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MICHAEL FAHRENKRUG Date of Receipt Mailing Address 6615 BRAHMAN RD 06 12 2015 City State Zip Code Transaction ID: SA11.99556 LAS CRUCES NM 88012-6102 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **CALCULEX** SOLDER TECH Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. ANDREW FORTIN Date of Receipt Mailing Address 5401 N. CENTRAL EXPRESSWAY, SUITE 05 27 2015 City State Zip Code Transaction ID: SA11.100774 TX **DALLAS** 75205-3379 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **EXECUTIVE ASSOCIA** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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A.	Full Name (Last, First, Middle Initial) MARTHA C. FRANSSON Mailing Address 11 DODGE DR City WEST HARTFORD FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General	State Zip Code CT 06107-1009 C Occupation RETIRED Aggregate Year-to-Date ▼	Date of Receipt 06 19 2015 Transaction ID: SA11.99703 Amount of Each Receipt this Period 250.00 CONTRIBUTION
	Full Name (Last, First, Middle Initial) PETER GASLOW Mailing Address 105 MADISON AVE FL 15 City NEW YORK FEC ID number of contributing federal political committee. Name of Employer EMPIRE OFFICE Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10016-7418 C Occupation EXECUTIVE Aggregate Year-to-Date ▼ 10000.00	Date of Receipt 04 04 2015 Transaction ID : SA11.6 Amount of Each Receipt this Period 10000.00 CONTRIBUTION
	Full Name (Last, First, Middle Initial) MS. SUZANNE ROSS GILISON Mailing Address 609 17TH STREET City SANTA MONICA FEC ID number of contributing federal political committee. Name of Employer INTERNET BRANDS, INC. Receipt For: Primary General Other (specify)	State Zip Code CA 90402-3009 C Occupation HOMEMAKER Aggregate Year-to-Date ▼	Date of Receipt M
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MRS. LESLIE F. GILLIAM Date of Receipt Mailing Address P.O. BOX 820 09 2015 City Zip Code State Transaction ID: SA11.99520 VA **KESWICK** 22947-0820 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **CUMBERLAND DEVELOPMENT** MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** LANCE GILMAN Date of Receipt Mailing Address 5 WILD HORSE CANYON DRIVE 505 USA PARKWAY 06 29 2015 City State Zip Code Transaction ID: SA11.101286 **SPARKS** NV 89434-9701 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation L LANCE GILMAN COMMERCIAL REAL REAL ESTATE DEVELOPMENT Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MR. SAMUEL L. GINN Date of Receipt Mailing Address 400 S EL CAMINO REAL STE 1400 04 24 2015 Zip Code City State Transaction ID: SA11.99282 CA SAN MATEO 94402-1740 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 21000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) HARVEY GOLUB Date of Receipt Mailing Address 3399 PGA BLVD 2015 18 City State Zip Code Transaction ID: SA11.99690 FL PALM BEACH GARDENS 33410-2819 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. CONTRIBUTION Name of Employer Occupation NONE RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) **B. SHELDON GOODMAN** Date of Receipt Mailing Address 123 MEADOW LANE 20 04 2015 City State Zip Code Transaction ID: SA11.93 SOLON OH 44139-1444 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation SPECTRUM DIVERSIFIED DESIGNS **PRESIDENT** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. JAMES GOSS Date of Receipt Mailing Address 7 EAGLE LANDING CT 2015 06 18 City State Zip Code Transaction ID: SA11.99689 UT PARK CITY 84060-6862 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation REAL ESTATE **SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 12500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) DAVID GREENWALT Date of Receipt Mailing Address 11170 AQUA VISTA STREET #A102 2015 23 City Zip Code State Transaction ID: SA11.102098 CA NORTH HOLLYWOOD 91602-3128 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFO INFORMATION REQUESTED PER BEST EFF Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** LAWRENCE GREER Date of Receipt Mailing Address 1576 BELLA CRUZ DR #319 06 2015 11 City State Zip Code Transaction ID: SA11.99538 THE VILLAGES FL 32159-8969 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation **GOLD COAST SCHOOLS MANAGER** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. SUSAN L. GROFF Date of Receipt Mailing Address 9832 CALVIN AVE 06 2015 05 State Zip Code Transaction ID: SA11.221 CA **NORTHRIDGE** 91324-1619 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation NORTHWEST EXCAVATING CO, INC. CONTRACTOR Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 11500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) THOMAS R. GROSS JR Date of Receipt Mailing Address 2700 CRAFTON PARK 2015 26 City Zip Code State Transaction ID: SA11.99890 OH **UPPER ARLINGTON** 43221-3629 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **G&J PEPSI-COLA BOTTLERS INC** SENIOR VP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. MR. PAUL G. HAAGA JR. Date of Receipt Mailing Address 1743 FAIRMOUNT AVE 05 22 2015 City State Zip Code Transaction ID: SA11.99354 LA CANADA CA 91011-1633 Amount of Each Receipt this Period FEC ID number of contributing 8000.00 federal political committee. CONTRIBUTION Name of Employer Occupation CAPITAL RESEARCH AND MANAGEMENT CHAIRMAN (RETIRED) Receipt For: Aggregate Year-to-Date ▼ Primary General 8000.00 Other (specify) Full Name (Last, First, Middle Initial) c. STEVE HALE Date of Receipt Mailing Address BOX 428 06 29 2015 City Zip Code State Transaction ID: SA11.101299 MIAMI TX 79059-0428 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **SELF** AG Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 8500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) RUPERT HALL Date of Receipt Mailing Address 1025 BRISTOL AVE 25 2015 City State Zip Code Transaction ID: SA11.16 CA **STOCKTON** 95204-3005 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation M.J.HALL & COMPANY **INSURANCE** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** HOWARD HALLENGREN Date of Receipt Mailing Address 5555 N. SHERIDAN RD. APT. 1603 06 25 2015 City State Zip Code Transaction ID: SA11.101869 **CHICAGO** IL 60640-1628 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. JACK HALPERN Date of Receipt Mailing Address 160 W 66TH ST 03 2015 04 APT 51A City State Zip Code Transaction ID: SA11.5 NY **NEW YORK** 10023-0073 Amount of Each Receipt this Period FEC ID number of contributing 2700.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **BUILDER SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General 2700.00 Other (specify) 5450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Α.	Full Name (Last, First, Middle Initial) WILLIAM LEE HANLEY JR. Mailing Address 250 JUNGLE RD City PALM BEACH	State Zip Code FL 33480-4812	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer LEXINGTON MANAGEMENT GROUP, INC. Receipt For: Primary General Other (specify)	Occupation MANAGER Aggregate Year-to-Date ▼ 15000.00	15000.00 CONTRIBUTION
В.	Full Name (Last, First, Middle Initial) MR. DAVID HANNA Mailing Address 43 POST City IRVINE FEC ID number of contributing federal political committee. Name of Employer HANNA CAPITAL MANAGEMENT Receipt For: Primary General Other (specify)	State Zip Code CA 92618-5216 C Occupation CHAIRMAN Aggregate Year-to-Date ▼ 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) MRS. VIRGINIA L. HANNA Mailing Address 43 POST City IRVINE FEC ID number of contributing federal political committee. Name of Employer HANNA CAPITAL MANAGEMENT Receipt For: Primary General Other (specify)	State Zip Code CA 92618-5216 C Occupation EXECUTIVE Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) SCOTT HARKEY Date of Receipt Mailing Address 4968 OLD OAK DRIVE 25 2015 City State Zip Code Transaction ID: SA11.101873 71006-9366 **BENTON** LA Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation **SELF** SBO Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. ADM. THOMAS B. HAYWARD Date of Receipt Mailing Address 900 UNIVERSITY ST 06 25 2015 City State Zip Code Transaction ID: SA11.99852 **SEATTLE** WA 98101-2797 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. SCOTT HENNIGAR Date of Receipt Mailing Address 2730 NE 26 ST 06 15 2015 State Zip Code Transaction ID: SA11.99607 FL LIGHTHOUSE POINT 33064-8312 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation HERITAGE INSURANCE **DIRECTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) ALAN HERBERT Date of Receipt Mailing Address 2399 GULF OF MEXICO DRIVE, 3B1 2015 23 City Zip Code State Transaction ID: SA11.102108 FL LONGBOAT KEY 34228-3276 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFO INFORMATION REQUESTED PER BEST EFF Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. SUSAN H. HILLGREN Date of Receipt Mailing Address 135 HARBOR ISLAND RD 05 03 2015 City State Zip Code Transaction ID: SA11.228 **NEWPORT BEACH** CA 92660-7204 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. CONTRIBUTION Name of Employer Occupation NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) c. SYDNEY HOLLAND Date of Receipt Mailing Address 14047 AUBREY RD 2015 05 07 Zip Code State Transaction ID: SA11.235 CA **BEVERLY HILLS** 90210-1065 Amount of Each Receipt this Period FEC ID number of contributing 8000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **PRODUCER** RICH HIPPIE PRODUCTIONS Receipt For: Aggregate Year-to-Date ▼ Primary General 8000.00 Other (specify) 18250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) WILLIAM HOLT Date of Receipt Mailing Address 1630 CAMPMEETING ROAD 2015 22 City Zip Code State Transaction ID: SA11.102325 PΑ SEWICKLEY 15143-8415 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation NONE RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. DAVID L. HOROWITZ Date of Receipt Mailing Address 27241 LA PAZ RD STE B 05 03 2015 City State Zip Code Transaction ID: SA11.225 LAGUNA NIGUEL CA 92677-3636 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. CONTRIBUTION Name of Employer Occupation HOROWITZ GROUP **CHAIRMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) c. WILLIAM HUDSON Date of Receipt Mailing Address 18 VALLEY RIDGE ROAD 30 06 2015 City Zip Code State Transaction ID: SA11.100011 TX FORT WORTH 76107-3111 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 10500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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\rangle	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC,	RESPONSIVE LEADERSHIP FO	OR YOU AND FOR AMERICA
١.	Full Name (Last, First, Middle Initial) FRANKLIN P. JOHNSON Mailing Address 1411 EDGEWOOD DR	State 7in Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City PALO ALTO FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General	State Zip Code CA 94301-3118 C Occupation ASSET MANAGEMENT COMPANY Aggregate Year-to-Date ▼	Transaction ID : SA11.8 Amount of Each Receipt this Period 15000.00 CONTRIBUTION
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) MR. MICHAEL O. JOHNSON Mailing Address 10560 WILSHIRE BLVD. SUITE 1906 City LOS ANGELES FEC ID number of contributing federal political committee. Name of Employer HERBALIFE Receipt For: Primary General Other (specify) ▼	State Zip Code CA 90024-7315 C Occupation CHAIRMAN & CEO Aggregate Year-to-Date ▼	Date of Receipt M
.	Full Name (Last, First, Middle Initial) PAUL JOHNSON Mailing Address 215 PITNEY PLACE City MORRISTOWN FEC ID number of contributing federal political committee. Name of Employer MUNICH RE AMERICA Receipt For: Primary General Other (specify) Other (specify)	State Zip Code NJ 07960-6194 C Occupation ACTUARY Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / 04 2015 Transaction ID : SA11.176 Amount of Each Receipt this Period 250.00 CONTRIBUTION
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	17250.00
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) RONALD JOHNSON Date of Receipt Mailing Address 81 MARLAND ROAD SOUTH 2015 10 City Zip Code State Transaction ID: SA11.99528 CO 80906-4348 **COLORADO SPRINGS** Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. CONTRIBUTION Name of Employer Occupation CENTRAL BANCORP CLERK Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** CHARLES SNOWDEN JONES Date of Receipt Mailing Address BROAD BROOK RD 2015 04 01 City State Zip Code Transaction ID: SA11.2 **BEDFORD HILLS** NY 10507-Amount of Each Receipt this Period FEC ID number of contributing 100000.00 federal political committee. CONTRIBUTION Name of Employer Occupation BEDFORD FUNDING CAPITAL MGT **INVESTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MR. G. BRADFORD JONES Date of Receipt Mailing Address 11150 SANTA MONICA BLVD SUITE 1200 05 22 2015 **SUITE 1200** City State Zip Code Transaction ID: SA11.99353 CA LOS ANGELES 90025-3386 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation REDPOINT VENTURES CAPITAL **VENTURE CAPITALIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 104500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) THOMAS C. JONES Date of Receipt Mailing Address 4831 SW PARKGATE BLVD 2015 22 City State Zip Code Transaction ID: SA11.99776 FL PALM CITY 34990-Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. KEVIN D. KESTER Date of Receipt Mailing Address SLACK CANYON RD 05 03 2015 City State Zip Code Transaction ID: SA11.226 **PARKFIELD** CA 93451-Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF RANCHER** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. DALE KINGMAN Date of Receipt Mailing Address 3215 84TH AVE SE 25 06 2015 Zip Code State Transaction ID: SA11.101746 WA MERCER ISLAND 98040-3017 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation GORDON TILDEN ET AL **ATTORNEY** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) **GARY KIRKE** Date of Receipt Mailing Address 5465 MILLS CIVIC PKWY 30 2015 Zip Code State Transaction ID: SA11.99992 WEST DES MOINES IΑ 50266-5318 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation KIRKE FINANCIAL **EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. DAVID KIRKPATRICK Date of Receipt Mailing Address 5737 FULKERTH RD. 06 29 2015 City State Zip Code Transaction ID: SA11.101345 **TURLOCK** CA 95380-9592 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation INFORMATION REQUESTED PER BEST SMALL BUSINESS OWNER Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. CHERYL S. KLEIN Date of Receipt Mailing Address 475 W 12TH AVE 30 06 2015 **UNIT 6G** City State Zip Code Transaction ID: SA11.100328 CO **DENVER** 80204-3686 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **ADVERTISING** WALT KLEIN AND ASSOC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) WALTER C. KLEIN Date of Receipt Mailing Address 475 W 12TH AVE **UNIT 6G** 30 2015 City State Zip Code Transaction ID: SA11.100329 CO **DENVER** 80204-3686 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation WALT KLEIN AND ASSOC **ADVERTISING** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** OLIVER KLINGER Date of Receipt Mailing Address 10828 BRENNER CREEK COURT 05 12 2015 City State Zip Code Transaction ID: SA11.99274 HOUSTON TX 77079-7300 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. CONTRIBUTION Name of Employer Occupation OILDOM PUBLISHING CO. **PUBLISHER** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. JOHN W. KOEBERER Date of Receipt Mailing Address PO BOX 1088 06 2015 05 City Zip Code State Transaction ID: SA11.229 CA **CALISTOGA** 94515-6088 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation THE CALIFORNIA PARKS CO PARK CONCESSIONAIRE Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) D. VIRGÍNIA KOULOS Date of Receipt Mailing Address 1310 JONES ST **UNIT 602** 04 2015 27 City State Zip Code Transaction ID: SA11.218 CA SAN FRANCISCO 94109-4194 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation NONE RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. LEO PAUL KOULOS Date of Receipt Mailing Address 315 MONTGOMERY ST **STE 917** 05 03 2015 City State Zip Code Transaction ID: SA11.227 SAN FRANCISCO CA 94104-1856 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT KRUMME Date of Receipt Mailing Address 902 EUCLID AVE. 22 2015 04 City State Zip Code Transaction ID: SA11.101 CA **BERKELEY** 94708-1414 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **GENERIC SERVER** GENERIC EMPLOYER Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 2100.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) ROBERT KRUMME Date of Receipt Mailing Address 902 EUCLID AVE. 06 2015 City State Zip Code Transaction ID: SA11.207 CA **BERKELEY** 94708-1414 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation GENERIC EMPLOYER GENERIC SERVER Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT KRUMME Date of Receipt Mailing Address 902 EUCLID AVE. 28 05 2015 City State Zip Code Transaction ID: SA11.99389 **BERKELEY** CA 94708-1414 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. CONTRIBUTION Name of Employer Occupation **GENERIC EMPLOYER** GENERIC SERVER Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. STEVEN LADIK Date of Receipt Mailing Address 7326 LAKEWOOD BLVD 2015 05 04 City Zip Code State Transaction ID: SA11.168 TX **DALLAS** 75214-3512 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **ATTORNEY** FRAGOMEN, DELREY, BERNSEN & LOEWY Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC	, RESPONSIVE LEADERSHIP FO	OR YOU AND FOR AMERICA
Α.	Full Name (Last, First, Middle Initial) STEVEN LADIK Mailing Address 7326 LAKEWOOD BLVD		Date of Receipt
	City DALLAS	State Zip Code TX 75214-3512	04 14 2015 Transaction ID : SA11.80 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer FRAGOMEN, DELREY, BERNSEN & LOEWY Receipt For:	Occupation ATTORNEY	CONTRIBUTION
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
В.	Full Name (Last, First, Middle Initial) RICHARD T. LEE Mailing Address P.O. BOX 2113		Date of Receipt
	City ORLANDO	State Zip Code FL 32802-2113	04 03 2015 Transaction ID : SA11.3 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25000.00 CONTRIBUTION
	Name of Employer LEE VISTA, INC. Receipt For:	Occupation EXECUTIVE	CONTRIBUTION
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	
С.	Full Name (Last, First, Middle Initial) MICHAEL LEFFELL		Date of Receipt
	Mailing Address 216 EAST 45TH STREET City	State Zip Code	03 18 2015 Transaction ID : SA11.38
	NEW	NY 10011-	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5000.00 CONTRIBUTION
	Name of Employer PORTAGE ADVISORS	Occupation ADVISOR	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) **EDDIE LEON** Date of Receipt Mailing Address 18 SUFFOLK CT 2015 22 City Zip Code State Transaction ID: SA11.103 NH **BEDFORD** 03110-6540 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation LA CARRETA DERRY RESTAURANT Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. GERALD S. LEVEY Date of Receipt Mailing Address 1100 STRADELLA RD 05 14 2015 City State Zip Code Transaction ID: SA11.99299 CA 90077-2610 LA Amount of Each Receipt this Period FEC ID number of contributing 4000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name (Last, First, Middle Initial) c. PHIL LIEBHERZ Date of Receipt Mailing Address 1600 W. HILLSDALE BLVD 06 2015 04 City State Zip Code Transaction ID: SA11.71 CA SAN MATEO 94402-3768 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **INSURANCE** LISI INC. Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) 29500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) WAYNE LINDHOLM Date of Receipt Mailing Address 25 VISTA MONTEMAR 04 2015 27 City Zip Code State Transaction ID: SA11.217 CA LAGUNA NIGUEL 92677-7954 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation NONE RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. GEN. WILLIAM LYON Date of Receipt Mailing Address 2695 MACARTUR CT 88TH FLOOR 05 14 2015 City State Zip Code Transaction ID: SA11.99300 **NEW PORT BEACH** CA 92660-Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. CONTRIBUTION Name of Employer Occupation WILLIAM LYON HOMES CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name (Last, First, Middle Initial) c. GERARD MACKEY Date of Receipt Mailing Address 21 BUTLER PL APT 3F 06 14 2015 City Zip Code State Transaction ID: SA11.99625A NY **BROOKLYN** 11238-5122 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **ATTORNEY** FED GOV'T Receipt For: Aggregate Year-to-Date ▼ Primary General CHARGED BACK \$50.00 ON 06/16/2015 0.00 Other (specify) 26050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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OI	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC	, RESPONSIVE LEADERSHIP F	OR YOU AND FOR AMERICA
Α.	Full Name (Last, First, Middle Initial) GERARD MACKEY Mailing Address 21 BUTLER PL APT 3F		Date of Receipt
	City	State Zip Code	06 16 2015 Transaction ID : SA11.99625B
	BROOKLYN	NY 11238-5122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	-50.00 CONTRIBUTION
	Name of Employer FED GOV'T	Occupation ATTORNEY	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	CHARGED BACK
В.	Full Name (Last, First, Middle Initial) MR. DOUG MANCHESTER		Date of Receipt
	Mailing Address 350 CAMINO DE LA REINA		06 08 2015
	City SAN DIEGO	State Zip Code CA 92108-3003	Transaction ID : SA11.99514 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2500.00
	Name of Employer MANCHESTER FINANCIAL GORUP	Occupation CHAIRMAN	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
c.	Full Name (Last, First, Middle Initial) PAPA DOUG MANCHESTER		Date of Receipt
	Mailing Address 350 CAMINO DE LA REINA		05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City SAN DIEGO	State Zip Code CA 92108-3003	Transaction ID : SA11.222 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000.00
	Name of Employer	Occupation	CONTRIBUTION
	MANCHESTER FINANCIAL GROUP	CHAIRMAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	10000.00	
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\rangle		, RESPONSIVE LEADERSHIP FO	OR YOU AND FOR AMERICA
Α.	Full Name (Last, First, Middle Initial) THOMAS F. MC GARRITY		Date of Receipt
	Mailing Address 400 STANWICH RD	7.0.1	06 30 / Y Y Y Y Y Y
	City GREENWICH	State Zip Code CT 06830-3548	Transaction ID : SA11.100096
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
	Name of Employer SELF	Occupation CONSULTANT	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
В.	Full Name (Last, First, Middle Initial) CYNTHIA MCCAGUE		Date of Receipt
	Mailing Address 258 GOLDEN GATE PT, 501		05 07 2015
	City SARASOTA	State Zip Code FL 34236-6200	Transaction ID : SA11.233 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
— С.	Full Name (Last, First, Middle Initial) T.J. MCCARTHY		Date of Receipt
	Mailing Address 706 MCKINLEY LANE		06 25 2015
	City HINSDALE	State Zip Code IL 60521-4829	Transaction ID : SA11.101907 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	CONTRIBUTION
	MCCARTHY AND ASSOCIATES	ATTORNEY	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MILDRED ROY MCELLIGOTT Date of Receipt Mailing Address 127 SHANNON RD 30 2015 City State Zip Code Transaction ID: SA11.100103 LAFAYETTE LA 70503-3510 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation MACRO COMPANIES OWNER/EXECUTIVE Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JOSEPH MCKENNEY Date of Receipt Mailing Address 24 STONE PADDOCK PL 06 22 2015 City State Zip Code Transaction ID: SA11.102397 **BEDFORD** NY 10506-1058 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation INFORMATION REQUESTED PER BEST INFORMATION REQUESTED PER BEST EFF Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. LINDA MCMAHON Date of Receipt Mailing Address 14 HURLINGHAM DRIVE 06 29 2015 City State Zip Code Transaction ID: SA11.99953 CT **GREENWICH** 06831-2739 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation SELF-EMPLOYED **EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 11500.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MRS. DIANE M. MENDEZ-PADELFORD Date of Receipt Mailing Address 18104 S. SUMMER AVENUE 2015 22 City State Zip Code Transaction ID: SA11.99363 CA **ARTESIA** 90701-3913 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation NONE **HOMEMAKER** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT MIANO Date of Receipt Mailing Address 1680 ROUTE 23 NORTH 06 27 2015 City State Zip Code Transaction ID: SA11.99897 **WAYNE** NJ 07470-7501 Amount of Each Receipt this Period FEC ID number of contributing 2700.00 federal political committee. CONTRIBUTION Name of Employer Occupation HARVEY NASH CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) c. ANNE C MILLER Date of Receipt Mailing Address 35 EAST 75 ST APT 7A 06 25 2015 City Zip Code State Transaction ID: SA11.101912 NY **NEW YORK** 10021-2762 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 4200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC	, RESPONSIVE LEADERSHIP FO	OR YOU AND FOR AMERICA
Α.	Full Name (Last, First, Middle Initial) JOHN MILLER Mailing Address 40 WESTLAND AVENUE City	State Zip Code	Date of Receipt 06 25 2015 Transaction ID: SA11.101913
	WINCHESTER FEC ID number of contributing federal political committee. Name of Employer IRONSIDE LAW GROUP LLC Receipt For: Primary General Other (specify)	MA 01890-3472 C Occupation LAWYER Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00 CONTRIBUTION
В.	Full Name (Last, First, Middle Initial) KEITH MILLIGAN Mailing Address 3745C US HIGHWAY 80 W City PHENIX CITY FEC ID number of contributing federal political committee. Name of Employer PIGGLY WIGGLY Receipt For: Primary General Other (specify) Other (specify)	State Zip Code AL 36870-6423 C Occupation GROCER Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M
C.	Full Name (Last, First, Middle Initial) MRS. KATHRYN K. MOORE Mailing Address 88 LINDA ISLE City NEWPORT BEACH FEC ID number of contributing federal political committee. Name of Employer MY STYLE 2020 Receipt For: Primary General Other (specify)	State Zip Code CA 92660-7209 C Occupation CEO Aggregate Year-to-Date ▼ 15000.00	Date of Receipt M M M / 2015 Transaction ID: SA11.99543 Amount of Each Receipt this Period 15000.00 CONTRIBUTION
	SUBTOTAL of Receipts This Page (optional)	<u>_</u>	16500.00
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) ROBERT MOTTICE Date of Receipt Mailing Address 20830 E.PLEASANT LAKE ROAD 2015 26 City Zip Code State Transaction ID: SA11.101759 **MANCHESTER** MI 48158-9726 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. MICHAEL MUGEL Date of Receipt Mailing Address 1234 E. 17TH ST 04 21 2015 City State Zip Code Transaction ID: SA11.95 SANTA ANA CA 92701-2612 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RED MOUNTAIN GROUP** CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) Full Name (Last, First, Middle Initial) c. GEOFFREY MULLER Date of Receipt Mailing Address P.O. BOX 420848 06 25 2015 State Zip Code Transaction ID: SA11.99826 FL SUMMERLAND KEY 33042-0848 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation NONE NONE Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 100750.00

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) CHARLES T. MUNGER JR. Date of Receipt Mailing Address 1423 HAMILTON AVE 08 2015 City Zip Code State Transaction ID: SA11.99516 CA PALO ALTO 94301-3150 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF PHYSICIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** STEPHANIE MURPHY Date of Receipt Mailing Address 7520 EASTRIDGE DRIVE 06 22 2015 City State Zip Code Transaction ID: SA11.99681 CA LA MESA 91941-7880 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **PAREXEL DIRECTOR REGULATORY AFFAIRS** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. JOSEPH NOGA Date of Receipt Mailing Address 9506 HUNT CLUB LANE 29 06 2015 Zip Code State Transaction ID: SA11.101420 CA **CHATSWORTH** 91311-2683 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 100750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MICHAEL NOVOGRADAC Date of Receipt Mailing Address 244 GLORIETTA BLVD. 04 06 2015 City Zip Code State Transaction ID: SA11.70 CA **ORINDA** 94563-3547 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation NOVOGRADAC & COMPANY LLP REAL ESTATE CPA Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** LEONARD NUNNINK Date of Receipt Mailing Address 430 W 58TH ST 04 29 2015 City State Zip Code Transaction ID: SA11.131 KANSAS CITY MO 64113-1240 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **ACCESS ADVERTISING** CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. LEONARD I. NUNNICK Date of Receipt Mailing Address 430 WEST 58TH STREET 05 14 2015 Zip Code City State Transaction ID: SA11.99291 MO KANSAS CITY 64113-1240 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation CEO ACCESS ADVERTISING Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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$\left. \right\rangle$	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC	, RESPONSIVE LEADERSHIP FO	OR YOU AND FOR AMERICA
A.	Full Name (Last, First, Middle Initial) TOM OLDS Mailing Address 56 GOLDEN EAGLE City IRVINE FEC ID number of contributing federal political committee. Name of Employer GENERATION HEALTHCARE Receipt For:	State Zip Code CA 92603-0309 C Occupation EXECUTIVE Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
— В.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOSEPH OLSON	20000.00	Date of Receipt
	Mailing Address 2247 ROSELAWN AVE. W. City ROSEVILLE FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	State Zip Code MN 55113-5347 C Occupation RETIRED Aggregate Year-to-Date ▼ 1000.00	M M M CONTRIBUTION M M M CONTRIBUTION M M M CONTRIBUTION 2015 Transaction ID: SA11.99449 Amount of Each Receipt this Period 1000.00 CONTRIBUTION
c.	Full Name (Last, First, Middle Initial) MR. PAUL S. OTELLINI Mailing Address 2559 GREEN STREET City SAN FRANCISCO FEC ID number of contributing federal political committee. Name of Employer INTEL CORPORATION Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CA 94123-4628 C Occupation CEO Aggregate Year-to-Date ▼ 5000.00	Date of Receipt M M M / 27
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) SCOTT OVELMEN Date of Receipt Mailing Address 11706 WENDOVER LANE 05 2015 City Zip Code State Transaction ID: SA11.184 HOUSTON TX 77024-5114 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. MRS. EDITH P. PALMER Date of Receipt Mailing Address 282 LAROE RD. 06 18 2015 City State Zip Code Transaction ID: SA11.99685 **CHESTER** NY 10918-2435 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. CYNTHIA PEARCE Date of Receipt Mailing Address PO BOX 1830 30 06 2015 City Zip Code State Transaction ID: SA11.100098 NM **HOBBS** 88241-1830 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **HOMEMAKER SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MR. A JERROLD PERENCHIO Date of Receipt Mailing Address 1999 AVENUE OF THE STARS STE 3050 03 02 2015 City Zip Code State Transaction ID: SA11.1 CA LOS ANGELES 90067-4613 Amount of Each Receipt this Period FEC ID number of contributing 1000000.00 federal political committee. CONTRIBUTION Name of Employer Occupation CHARTWELLPARTNERS LLC BUSINESSMAN Receipt For: Aggregate Year-to-Date ▼ Primary General 1567127.58 Other (specify) Full Name (Last, First, Middle Initial) B. MR. A JERROLD PERENCHIO Date of Receipt Mailing Address 1999 AVENUE OF THE STARS STE 3050 03 31 2015 City State Zip Code Transaction ID: SA11.100003 LOS ANGELES CA 90067-4613 Amount of Each Receipt this Period FEC ID number of contributing 6250.00 federal political committee. CONTRIBUTION Name of Employer Occupation CHARTWELLPARTNERS LLC **BUSINESSMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General **FUNDRAISING SERVICES** 1567127.58 Other (specify) Full Name (Last, First, Middle Initial) c. MR. A JERROLD PERENCHIO Date of Receipt Mailing Address 1999 AVENUE OF THE STARS 30 STE 3050 04 2015 City State Zip Code Transaction ID: SA11.100004 CA LOS ANGELES 90067-4613 Amount of Each Receipt this Period FEC ID number of contributing 20000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation CHARTWELLPARTNERS LLC **BUSINESSMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General **FUNDRAISING SERVICES** 1567127.58 Other (specify) 1026250.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MR. A JERROLD PERENCHIO Date of Receipt Mailing Address 1999 AVENUE OF THE STARS STE 3050 2015 State City Zip Code Transaction ID: SA11.100005 CA LOS ANGELES 90067-4613 Amount of Each Receipt this Period FEC ID number of contributing 8377.58 federal political committee. CONTRIBUTION Name of Employer Occupation CHARTWELLPARTNERS LLC BUSINESSMAN Receipt For: Aggregate Year-to-Date ▼ Primary General FUNDRAISING EVENT CATERING, VENUE, 1567127.58 **SUPPLIES** Other (specify) Full Name (Last, First, Middle Initial) B. MR. A JERROLD PERENCHIO Date of Receipt Mailing Address 1999 AVENUE OF THE STARS STE 3050 05 31 2015 City State Zip Code Transaction ID: SA11.100006 LOS ANGELES CA 90067-4613 Amount of Each Receipt this Period FEC ID number of contributing 17500.00 federal political committee. CONTRIBUTION Name of Employer Occupation CHARTWELLPARTNERS LLC **BUSINESSMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General **FUNDRAISING SERVICES** 1567127.58 Other (specify) Full Name (Last, First, Middle Initial) c. MR. A JERROLD PERENCHIO Date of Receipt Mailing Address 1999 AVENUE OF THE STARS 30 STE 3050 06 2015 City State Zip Code Transaction ID: SA11.100007 CA LOS ANGELES 90067-4613 Amount of Each Receipt this Period FEC ID number of contributing 15000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation CHARTWELLPARTNERS LLC **BUSINESSMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General **FUNDRAISING SERVICES** 1567127.58 Other (specify) 40877.58 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial) A. MR. A JERROLD PERENCHIO		Date of Receipt				
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City LOS ANGELES	State Zip Code CA 90067-4613	Transaction ID : SA11.100095				
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federal political committee.	C	250000.00 CONTRIBUTION				
Name of Employer	Occupation BUSINESSMAN	CONTRIBUTION				
CHARTWELLPARTNERS LLC	_					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1567127.58					
Full Name (Last, First, Middle Initial) B. MR. A JERROLD PERENCHIO	MR. A JERROLD PERENCHIO					
Mailing Address 1999 AVENUE OF THE STE 3050	05 14 2015					
City	State Zip Code	Transaction ID : SA11.99302				
LOS ANGELES	CA 90067-4613	Amount of Each Receipt this Period				
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Name of Employer	Occupation	CONTRIBUTION				
CHARTWELLPARTNERS LLC	BUSINESSMAN					
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Primary General Other (specify) ▼	1567127.58					
Full Name (Last, First, Middle Initial) C. MRS. MARGARET A. PEREN	ICHIO	Date of Receipt				
Mailing Address 355 S GRAND AVE #17	10	05 14 2015				
City	State Zip Code	Transaction ID : SA11.99301				
LOS ANGELES	CA 90071-1532	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25000.00				
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MR. THOMAS J. PERKINS Date of Receipt Mailing Address 7841 LA QUINTA COURT 01 2015 City Zip Code State Transaction ID: SA11.99515 CA **PLEASANTON** 94588-3106 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. CONTRIBUTION Name of Employer Occupation KLEINER PERKINS **INVESTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** WILLIAM PETTY Date of Receipt Mailing Address 6717 NW 48TH LANE 06 29 2015 City State Zip Code Transaction ID: SA11.101436 **GAINESVILLE** FL 32653-3953 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation EXACTECH, INC. **MANAGER** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MR. EDWIN L. PHELPS Date of Receipt Mailing Address 1009 BASIL ROAD 06 11 2015 City Zip Code State Transaction ID: SA11.99544 **MCLEAN** VA 22101-1819 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **OWNER** PHELPS ENTERPRISES INTERNATIONAL, IN Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 28500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) JANICE PINKSTON Date of Receipt Mailing Address 20 TAMALPAIS AVENUE 2015 22 City Zip Code State Transaction ID: SA11.102434 CA **BELVEDERE** 94920-2468 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation MERIDIAN PACIFIC LTD. COMMERCIAL REAL ESTATE Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** GENE POYTHRESS Date of Receipt Mailing Address 1250 SQUIRE LANE 04 01 2015 City State Zip Code Transaction ID: SA11.59 **CUMMING** GA 30041-6744 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. MR. ANDREW F. PUZDER Date of Receipt Mailing Address 570 MEADOW WOOD LANE 05 14 2015 City State Zip Code Transaction ID: SA11.99303 CA **MONTECITO** 93108-2027 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **EXECUTIVE CKE RESTAURANTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 10500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) WILLIAM RADUCHEL Date of Receipt Mailing Address 615 KENTLAND DRIVE 2015 24 City Zip Code State Transaction ID: SA11.102034 VA **GREAT FALLS** 22066-1017 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. CONTRIBUTION Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JOHNNIE L. REAVES Date of Receipt Mailing Address 6539 S. GARY AVENUE 06 22 2015 City State Zip Code Transaction ID: SA11.102443 **TULSA** OK 74136-1206 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation ASPHALT AND FUEL SUPPLY, LLC **BUSINESS OWNER** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. D0NALD REINHARD Date of Receipt Mailing Address 75 HARVARD AVE 06 24 2015 Zip Code City State Transaction ID: SA11.102035 PΑ **PALMERTON** 18071-1212 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 3250.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) JACK RETTIG Date of Receipt Mailing Address 316 ROYAL PLAZA DRIVE 2015 22 City State Zip Code Transaction ID: SA11.102446 FL 33301-2514 FORT LAUDERDALE Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF** MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** FRANCIS REYNOLDS Date of Receipt Mailing Address 81 LAKE SHORE RD 05 2015 11 City State Zip Code Transaction ID: SA11.251 SALEM NH 03079-1975 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation PIXARBIO CORP CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 7000.00 Other (specify) Full Name (Last, First, Middle Initial) c. FRANCIS REYNOLDS Date of Receipt Mailing Address 81 LAKE SHORE RD 2015 06 01 City State Zip Code Transaction ID: SA11.99422 NH SALEM 03079-1975 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation PIXARBIO CORP CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 7000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) FRANCIS REYNOLDS Date of Receipt Mailing Address 81 LAKE SHORE RD 2015 18 City Zip Code State Transaction ID: SA11.99694 NH 03079-1975 SALEM Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation PIXARBIO CORP Receipt For: Aggregate Year-to-Date ▼ Primary General 7000.00 Other (specify) Full Name (Last, First, Middle Initial) B. MARGARET A. RHOADES Date of Receipt Mailing Address 13519 PINO CANYON PL NE 02 06 2015 City State Zip Code Transaction ID: SA11.99455 **ALBUQUERQUE** NM 87111-7102 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. CONTRIBUTION Name of Employer Occupation PEOPLE, INC. **EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. TIMOTHY RIZER Date of Receipt Mailing Address 5905 RIVER DR 06 06 2015 City Zip Code State Transaction ID: SA11.99495 LORTON VA 22079-4128 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **BUSINESS OWNER** ITEM, INC. Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 10000.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MR. RICHARD K. ROEDER Date of Receipt Mailing Address 11150 SANTA MONICA BLVD. **SUITE 750** 2015 City State Zip Code Transaction ID: SA11.99309 CA 90025-0528 LOS ANGELES Amount of Each Receipt this Period FEC ID number of contributing 8000.00 federal political committee. CONTRIBUTION Name of Employer Occupation VANCE STREET CAPITAL **PARTNER** Receipt For: Aggregate Year-to-Date ▼ Primary General 8000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** NORMAN L ROGERS Date of Receipt Mailing Address 3750 S LAS VEGAS BLVD 28 05 2015 City State Zip Code Transaction ID: SA11.99380 LAS VEGAS NV 89158-4312 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. HARRY WILLIAM ROLLINS Date of Receipt Mailing Address 5378 BLACK LN 06 19 2015 City State Zip Code Transaction ID: SA11.99720 OH **FAIRBORN** 45324-8823 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **BUSINESS OWNER ROLLINS 3PL** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 9500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) HOWARD ROSE Date of Receipt Mailing Address 9460 WILSHIRE BLVD SUITE 310 2015 City State Zip Code Transaction ID: SA11.99304 CA **BEVERLY HILLS** 90212-2710 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation HOWARD ROSE AGENCY TALENT AGENT Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) **B. PHILIP SACKS** Date of Receipt Mailing Address 25545 CUMBERLAND LN 22 05 2015 City State Zip Code Transaction ID: SA11.99352 **CALABASAS** CA 91302-3158 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation THE ART AND SCIENCE OF DENTISTRY **DENTIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. SHARON SACKS Date of Receipt Mailing Address CUMBERLAND LN 22 05 2015 City State Zip Code Transaction ID: SA11.99351 CA **CALABASAS** 91302-Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation SACKS PRODUCTIONS **PRESIDENT** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional).....

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\rangle	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC	, RESPONSIVE LEADERSHIP F	OR YOU AND FOR AMERICA
A.	Full Name (Last, First, Middle Initial) WALTER J. SANDERS III Mailing Address 10659 BELLAGIO RD City LOS ANGELES FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (specify)	State Zip Code CA 90077-3712 C Occupation RETIRED Aggregate Year-to-Date ▼ 8000.00	Date of Receipt M M M / D P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) MR. FRED C. SANDS Mailing Address 11611 SAN VICENTE BLVD S City LOS ANGELES FEC ID number of contributing federal political committee. Name of Employer VINTAGE CAPITAL GROUP Receipt For: Primary General Other (specify)	State Zip Code CA 90049-6524 C Occupation HEAD OF INVESTMENT FIRM Aggregate Year-to-Date 1000.00	Date of Receipt M
C.	Full Name (Last, First, Middle Initial) MR. DAVID SAPERSTEIN Mailing Address 5100 SAN FELIPE N 393 City HOUSTON FEC ID number of contributing federal political committee. Name of Employer 5 S CAPITAL Receipt For: Primary General Other (specify)	State Zip Code TX 77056-3545 C Occupation INVESTOR Aggregate Year-to-Date ▼ 25000.00	Date of Receipt M M M / 24 2015 Transaction ID: SA11.99809 Amount of Each Receipt this Period 25000.00 CONTRIBUTION
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) DR. JOE SCHERZER Date of Receipt Mailing Address 5238 E. VIA LOS CABALLOS 20 2015 City Zip Code State Transaction ID: SA11.99336 PARADISE VALLEY ΑZ 85253-2138 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation SELF (SCOTSDALE SKIN & CANCER CTR. PHYSICIAN (DERMATOLOGIST) Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. W. SCOTT SCHIRMER Date of Receipt Mailing Address 25 BILTMORE ESTATES DR 05 19 2015 City State Zip Code Transaction ID: SA11.99329 **PHOENIX** ΑZ 85016-2822 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. CONTRIBUTION Name of Employer Occupation M3 COMPANIES REAL ESTATE DEVELOPER Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. JOSEPH SCHNEIDER Date of Receipt Mailing Address 6435 JEFFERSON BLVD 06 23 2015 #202 City Zip Code State Transaction ID: SA11.102157 IN FORT WAYNE 46804-6203 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **PHYSICIAN SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 3250.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) KEITH SCHWARTZWALD Date of Receipt Mailing Address 660 HIDDEN CREEK TRAIL 2015 City Zip Code State Transaction ID: SA11.246 MN MENDOTA HEIGHTS 55118-3753 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) **B. PAUL SCHWARTZ** Date of Receipt Mailing Address 111 N SEPULVEDA BLVD 05 14 2015 City State Zip Code Transaction ID: SA11.99305 MANHATTAN BEACH CA 90266-6849 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF REAL ESTATE INVESTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. DOUGLAS G SCRIVNER Date of Receipt Mailing Address 25461 W. FREMONT RD 2015 04 21 State Zip Code Transaction ID: SA11.96 CA LOS ALTOS HILLS 94022-3538 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 12350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) ROBERT SEKLEMIAN Date of Receipt Mailing Address 4505 S YOSEMITE ST, UNIT 124 2015 26 City Zip Code State Transaction ID: SA11.22 CO **DENVER** 80237-2519 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. CONTRIBUTION Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B. ROBERT SEKLEMIAN** Date of Receipt Mailing Address 4505 S YOSEMITE ST, UNIT 124 2015 04 01 City State Zip Code Transaction ID: SA11.62 **DENVER** CO 80237-2519 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. MS. RUTH B. SHANNON Date of Receipt Mailing Address 14081 SUMMIT DR 05 22 2015 City State Zip Code Transaction ID: SA11.99350 CA WHITTIER 90602-1955 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** NONE Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) ROBERT SHAPIRO Date of Receipt Mailing Address 14225 VENTURA BLVD SUITE 100 06 2015 City State Zip Code Transaction ID: SA11.223 CA LOS ANGELES 91423-2758 Amount of Each Receipt this Period FEC ID number of contributing 8000.00 federal political committee. CONTRIBUTION Name of Employer Occupation WOODBRIDGE CAPITAL INVESTMENTS LLC **CHAIRMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 33000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JOHN SMITH Date of Receipt Mailing Address 16 BERTHE CIRCLE 30 06 2015 City State Zip Code Transaction ID: SA11.100052 **COLORADO SPRINGS** CO 80906-3161 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. LARRY W. SONSINI Date of Receipt Mailing Address 370 MOUNTAIN HOME CT 2015 04 27 City State Zip Code Transaction ID: SA11.219 CA WOODSIDE 94062-2559 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation WILSON, SONSINI, GOODRICH AND ROSATI **ATTORNEY** Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) 34000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) KAREN SOWARDS Date of Receipt Mailing Address 6401 POJOAQUE DRIVE NW 29 2015 City Zip Code State Transaction ID: SA11.99980 NM **ALBUQUERQUE** 87120-2140 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF ADVOCATE** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** VICTOR STABIO Date of Receipt Mailing Address 379 COOK STREET 30 06 2015 City State Zip Code Transaction ID: SA11.100092 **DENVER** CO 80206-4422 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. CONTRIBUTION Name of Employer Occupation HALLADOR ENERGY COMPANY **ENERGY EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 17500.00 Other (specify) Full Name (Last, First, Middle Initial) c. VICTOR STABIO Date of Receipt Mailing Address 379 COOK STREET 2015 04 03 City Zip Code State Transaction ID: SA11.67 CO **DENVER** 80206-4422 Amount of Each Receipt this Period FEC ID number of contributing 7500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation HALLADOR ENERGY COMPANY **ENERGY EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 17500.00 Other (specify) 17750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) LINDA E. STALLINGS Date of Receipt Mailing Address 7905 BROOKHOLLOW BLVD 25 2015 City Zip Code State Transaction ID: SA11.99843 TX 75034-7299 **FRISCO** Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation NONE RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. MR. ADAM B. STERN Date of Receipt Mailing Address 23611 MALIBU COLONY ROAD HOUSE 58 14 05 2015 City State Zip Code Transaction ID: SA11.99310 **MALIBU** CA 90265-6628 Amount of Each Receipt this Period FEC ID number of contributing 12000.00 federal political committee. CONTRIBUTION Name of Employer Occupation ARISTEIA PARTNERS MANAGING DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General 12000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MS. KARRIN KUNASEK TAYLOR Date of Receipt Mailing Address 7600 E DOUBLETREE RANCH RD 30 06 2015 **STE 300** City State Zip Code Transaction ID: SA11.100097 ΑZ **SCOTTSDALE** 85258-2137 Amount of Each Receipt this Period FEC ID number of contributing 2700.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **EXECUTIVE VICE PRESIDENT** DMB ASSOCIATES, INC. Receipt For: Aggregate Year-to-Date ▼ Primary General 2700.00 Other (specify) 15700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) MAYNARD F. THOMSON Date of Receipt Mailing Address PO BOX 257 25 2015 City Zip Code State Transaction ID: SA11.99844 03836-0257 **FREEDOM** NH Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF** WRITER Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** GREGORY W TREBNICK Date of Receipt Mailing Address 1915 NUTT ROAD 30 06 2015 City State Zip Code Transaction ID: SA11.100059 CENTERVILLE OH 45458-9381 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. CONTRIBUTION Name of Employer Occupation TREBNICK TAGS AND LABELS SALESMAN Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. DON L. TRIPP JR. Date of Receipt Mailing Address PO BOX 1369 20 05 2015 City Zip Code State Transaction ID: SA11.99337 NM **SOCORRO** 87801-1369 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **FARMER SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) DOUG TURNER Date of Receipt Mailing Address 1500 SAN CARLOS SW 02 2015 City Zip Code State Transaction ID: SA11.99452 NM **ALBUQUERQUE** 87104-1043 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation **DEVELOPER** AVIATION BUILDING GROUP Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. MRS. ESTHER WACHTELL Date of Receipt Mailing Address 10883 OAK KNOLL ROAD 05 14 2015 City State Zip Code Transaction ID: SA11.99311 CA OJAI 93023-9406 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation SELF-EMPLOYED INVESTOR/FARMER Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. CHARLES WAX Date of Receipt Mailing Address PO BOX 3295 2015 04 27 State Zip Code Transaction ID: SA11.220 CA RANCHO SANTA FE 92067-3295 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **OWNER** WAXIE SANITARY SUPPLY Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

Use separate schedule(s) for each category of the **Detailed Summary Page**

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) JAMES WEATHERLY Date of Receipt Mailing Address 4600 W. LOOMIS ROAD 18 2015 City Zip Code State Transaction ID: SA11.99643 WI MILWAUKEE 53220-4858 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation GLOBAL FREIGHT SOURCE **OWNER** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. COL. ALLEN E. WEH USMCR (RET Date of Receipt Mailing Address 6722 RIO GRANDE NW 06 02 2015 City State Zip Code Transaction ID: SA11.99457 LOS RANCHOS NM 87107-6330 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **CSI AVIATION** CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MS. DEBBIE WEH MAESTAS Date of Receipt Mailing Address 7512 RIO GRANDE BLVD NW 02 06 2015 City State Zip Code Transaction ID: SA11.99454 NM LOS RANCHOS 87107-6434 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. CONTRIBUTION Name of Employer Occupation REPUBLICAN PARTY OF NEW MEXICO CHAIR Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) JOHN P. WILGER JR. Date of Receipt Mailing Address 425 EDMON RD NE 02 2015 City Zip Code State Transaction ID: SA11.99456 NM 87107-4938 **ALBUQUERQUE** Amount of Each Receipt this Period FEC ID number of contributing 800.00 federal political committee. CONTRIBUTION Name of Employer Occupation WILGER ENTERPRISES **EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. DIANE B. WILSEY Date of Receipt Mailing Address 2590 JACKSON ST 04 13 2015 City State Zip Code Transaction ID: SA11.9 SAN FRANCISCO CA 94115-1121 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. CONTRIBUTION Name of Employer Occupation A. WILSEY PROPERTIES CO. OWNER/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name (Last, First, Middle Initial) c. DENISE WISEMAN Date of Receipt Mailing Address 9810 STATE HIGHWAY 220 30 06 2015 City Zip Code State Transaction ID: SA11.100046 WY **CASPER** 82604-9184 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 25900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) DENISE WISEMAN Date of Receipt Mailing Address 9810 STATE HIGHWAY 220 21 2015 City Zip Code State Transaction ID: SA11.99341 WY **CASPER** 82604-9184 Amount of Each Receipt this Period FEC ID number of contributing C 180.00 federal political committee. CONTRIBUTION Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** BARRY WOLFE Date of Receipt Mailing Address 22578 FLAMINGO ST 30 06 2015 City State Zip Code Transaction ID: SA11.99987 CA LA 91364-4916 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. LEAHRAY WROTEN Date of Receipt Mailing Address 430 LAKEWOOD 22 06 2015 City Zip Code State Transaction ID: SA11.102536 TX **FAIRVIEW** 75069-9585 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. CONTRIBUTION Name of Employer Occupation **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 5430.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) ANN WUTKE Date of Receipt Mailing Address 6666 ODANA RD #215 04 2015 18 City Zip Code State Transaction ID: SA11.85 WI **MADISON** 53719-1012 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation SELF-EMPLOYED **FINANCE** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT WYNNE Date of Receipt Mailing Address 54 ABERDEEN CROSSING 06 2015 11 City State Zip Code Transaction ID: SA11.99537 **SPRING** TX 77381-5171 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation **ESCONDIDO RESOURCES GEOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. DANIEL H. YOUNG Date of Receipt Mailing Address 23 WILD HAWK 06 19 2015 City State Zip Code Transaction ID: SA11.99726 CA **IRVINE** 92603-0302 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation IRVINE COMMUNITY DEVELOPMENT CO. COMMUNITY DEVELOPMENT Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) DR. MARCY ZWELLING Date of Receipt Mailing Address 3771 KATELLA AVE STE 108 19 2015 City Zip Code State Transaction ID: SA11.99332 CA LOS ALAMITOS 90720-3111 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation PRIVATE MEDICAL SERVICES **DOCTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JALAPENO CORPORATION Date of Receipt Mailing Address PO BOX 1608 30 06 2015 City State Zip Code Transaction ID: SA11.100101 **ALBUQUERQUE** NM 87103-1608 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. LEXINGTON MANAGEMENT GROUP, INC. Date of Receipt Mailing Address 505 S FLAGLER DR 30 2015 STE 900 04 City State Zip Code Transaction ID: SA11.208 FL WEST PALM BEACH 33401-5948 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 13000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) LSI MANAGEMENT COMPANY LLC Date of Receipt Mailing Address 3031 N ROCKY POINT DR W STE 300 01 2015 City State Zip Code Transaction ID: SA11.212 FL **TAMPA** 33607-5805 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General ATTRIBUTION TO PARTNERS REQUESTED 10000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MACK ENERGY CORPORATION Date of Receipt Mailing Address PO BOX 960 06 02 2015 City State Zip Code Transaction ID: SA11.99460 NM **ARTESIA** 88211-0960 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MURPHY PETROLEUM CORPORATION Date of Receipt Mailing Address PO BOX 2545 02 06 2015 City State Zip Code Transaction ID: SA11.99459 NM ROSWELL 88202-2545 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 16000.00

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) PASEO PLACE, LLC Date of Receipt Mailing Address 320 GOLD ST SW 30 2015 City Zip Code State Transaction ID: SA11.100100 NM 87102-3202 **ALBUQUERQUE** Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General ATTRIBUTION TO PARTNERS REQUESTED 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. ROBSON COMMUNITIES, INC. Date of Receipt Mailing Address 9532 E RIGGS RD 05 13 2015 City State Zip Code Transaction ID: SA11.100785 SUN LAKES ΑZ 85248-7463 Amount of Each Receipt this Period FEC ID number of contributing 1806.05 federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General VALET, CATERING, FOOD/BEVERAGES 4806.05 Other (specify) Full Name (Last, First, Middle Initial) c. ROBSON COMMUNITIES, INC. Date of Receipt Mailing Address 9532 E RIGGS RD 20 05 2015 City State Zip Code Transaction ID: SA11.99335 ΑZ SUN LAKES 85248-7463 Amount of Each Receipt this Period FEC ID number of contributing C 3000.00 federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 4806.05 Other (specify) 5306.05 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) TINNIN INVESTMENTS, INC. Date of Receipt Mailing Address 2303 CANDELARIA RD NW 02 2015 City Zip Code State Transaction ID: SA11.99458 NM 87107-3055 **ALBUQUERQUE** Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. WOODBRIDGE CAPITAL INVESTMENTS LLC Date of Receipt Mailing Address 14225 VENTURA BLVD #100 06 25 2015 City State Zip Code Transaction ID: SA11.99893 CA LA 91423-2758 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT SHAPIRO Date of Receipt Mailing Address 14225 VENTURA BLVD 30 06 2015 SUITE 100 City State Zip Code Transaction ID: SA11.100156 CA LOS ANGELES 91423-2758 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation WOODBRIDGE CAPITAL INVESTMENTS LLC **CHAIRMAN** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 33000.00 Other (specify) 26000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

Use separate schedule(s) for each category of the Detailed Summary Page

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC	, RESPONSIVE LEADERSHIP FO	OR YOU AND FOR AMERICA
Α.	Full Name (Last, First, Middle Initial) NORPAC		Date of Receipt
	Mailing Address PO BOX 1543		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ENGLEWOOD	State Zip Code NJ 07632-0543	Transaction ID : SA11.211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00247403	2500.00
	Name of Employer	Occupation	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	[MEMO ITEM] SEE ATTRIBUTION BELOW
В.	Full Name (Last, First, Middle Initial) JOSHUA LANDES		Date of Receipt
	Mailing Address 740 W 232ND ST		04 17 2015
	City BRONX	State Zip Code NY 10463-1010	Transaction ID : SA11.214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2500.00
	Name of Employer WYNNEFIELD CAPITAL	Occupation MANAGING PARTNER	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	EARMARKED FROM NORPAC
<u> </u>	Full Name (Last, First, Middle Initial)		Date of Receipt
•	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
S	SUBTOTAL of Receipts This Page (optional)		2500.00
Т	TOTAL This Period (last page this line number of	only)	2851913.63

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NAME OF COMMITTEE (In Full)

CONSERVATIVE AUTHENTIC RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

CONSERVATIVE, AUTHENTI	C, RESPONSIVE LEADERSHIP F	OR YOU AND FOR AMERICA
Full Name (Last, First, Middle Initial) A. SMITH GOVERNOR 2014 Mailing Address, 830 N 4TH AVE		Date of Receipt
Mailing Address 830 N 4TH AVE City	State Zip Code	05 20 2015 Transaction ID : SA11.99338
PHOENIX	AZ 85003-1314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00 CONTRIBUTION
Name of Employer	Occupation	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) 3. KEEP THE PROMISE I		Date of Receipt
Mailing Address 2 ROOSEVELT AVENUE City	State Zip Code	06 18 2015 Transaction ID : SA11.99640
PORT JEFFERSON STA FEC ID number of contributing	NY 11776-3337	Amount of Each Receipt this Period
federal political committee.	C C00575373	500000.00 CONTRIBUTION
Name of Employer	Occupation	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	502500.00
TOTAL This Period (last page this line number	er only)	502500.00

NAME OF COMMITTEE (In Full)

Other (specify)

Primary

Other (specify)

General

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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) PELICAN HILL GOLF CLUB Date of Receipt Mailing Address 22701 S PELICAN HILL RD 02 2015 City State Zip Code Transaction ID: SA15.302 CA **NEWPORT BEACH** 92657 Amount of Each Receipt this Period FEC ID number of contributing C 564.47 federal political committee. REFUND OF OVERPAYMENT Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 564.47 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial)		Date of Receipt
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City	State Zip Code	
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FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	_
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAG					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only	NOMBELL.				
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CONSERVATIVE, AUTHENTIC,	RESPONSIVE LEAD	JEKSHIF F	OR TOO AND FOR AMERICA				
Full Name (Last, First, Middle Initial)							
A. WILLIAM B CANFIELD III			Date of Disbursement				
Mailing Address 1900 M ST NW			06 03 2015				
STE 600			00 00 2010				
City	State Zip Code		Transaction ID : SB21B.I114				
WASHINGTON	DC 20036		Transaction ib . 36216.1114				
Purpose of Disbursement LEGAL SERVICES			Amount of Each Disbursement this Period				
Candidate Name		Catagory	Times in St. 2221 Biodardsmont this 1 shou				
		Category/ Type	7500.00				
	sement For:	,					
Senate President	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. WILLIAM B CANFIELD III			Date of Disbursement				
			M = M / D = D / Y = Y = Y				
Mailing Address 1900 M ST NW			04 28 2015				
STE 600 City	State Zip Code						
WASHINGTON	DC 20036		Transaction ID : SB21B.I34				
Purpose of Disbursement LEGAL CONSULTING			Assessment of Foods District control this Posics I				
Candidate Name			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	6500.00				
Office Sought: House Disbur	sement For:	1,752	, ,				
Senate	Primary General						
President State: District:	Other (specify)						
State: District: Full Name (Last, First, Middle Initial)							
C. WILLIAM B CANFIELD III			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 1900 M ST NW			03 06 2015				
STE 600 City	State Zip Code						
WASHINGTON	DC 20036		Transaction ID : SB21B.I4				
Purpose of Disbursement LEGAL SERVICES							
Candidate Name			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	6500.00				
Office Sought: House Disbur	sement For:	1,700					
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
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Full Name (Last, First, Middle Initial)				i					
Α.	WILLIAM B CANFIELD III				Date of Disburse	ement			
	WILLIAM B OAM ILLB III				M M / D	D / Y Y Y Y			
	Mailing Address 1900 M ST NW				03 2				
	STE 600								
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	WASHINGTON	DC	20036		Transaction iD	. 30210.13			
	Purpose of Disbursement LEGAL SERVICES								
					Amount of Each	Disbursement this Period			
	Candidate Name			Category/		6500.00			
	000			Туре		0000.00			
	Office Sought: House Disbursen								
		Primary	General						
	President	Other (spe	city) 🔻						
_	State: District:								
_	Full Name (Last, First, Middle Initial)				5 . (5:1				
В.	CURT CERVENY				Date of Disburse	ement			
	Matter Address and Committee of the Comm				06 27 2015				
	Mailing Address 958 CONEFLOWER DR				06 2	2015			
	City	State	Zip Code						
	GOLDEN	CO	80401-9206		Transaction ID	: SB21B.100786			
	Purpose of Disbursement								
	IN-KIND CONTRIBUTION			' '	Amount of Each	Disbursement this Period			
	Candidate Name			Category/					
				Type		500.00			
	Office Sought: House Disbursen	nent For:	l						
	Senate	Primary	General		MEETING VENU	E & FOOD/BEVERAGES			
	President	Other (spe	cify) 🔻						
	State: District:								
	Full Name (Last, First, Middle Initial)								
C.	STACEY CHAMBERLIN				Date of Disburse	ement			
					M M / D	D / Y Y Y Y Y			
	Mailing Address 109 S VIRGINIA AVE				04 1	7 2015			
	•	State	Zip Code		Transaction ID	: SB21B.I20			
	FALLS CHURCH Purpose of Disbursement	VA	22046						
	REIMBURSEMENT (SEE BELOW)								
Candidate Name					Amount of Each Disbursement this Period				
	Cardidate Name			Category/		2120.36			
	Office Sought: House Disbursen	nent For		Туре					
	Senate Dispurser	Primary	General						
	President	Other (spe							
	State: District:	JJ. (OPC	3/ ▼						
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۱,	UBTOTAL of Disbursements This Page (optional)			_	1	9120.36			
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SCHEDULE B (FEC Form 3X)	1100	FOR LINE	NUMBER: PAGE 83 OF 362
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only X 21b 27	/ one) 22 23 24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC			
Full Name (Last, First, Middle Initial) A. SONOMA DC			Date of Disbursement
Mailing Address 223 PENNSYLVANIA AVE SE			03 16 2015
City WASHINGTON	State Zip Code DC 20003		Transaction ID : SB21B.I33
Purpose of Disbursement FOOD/BEVERAGE			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2120.36
Senate President	orsement For: Primary General Other (specify) ▼		[MEMO ITEM] CHAMBERLIN 4/14
State: District: Full Name (Last, First, Middle Initial) B. MARY EARNHARDT Mailing Address 6465 65TH PL			Date of Disbursement O4 21 2015
STE 185 City WEST DES MOINES	State Zip Code IA 50266		Transaction ID : SB21B.I23
Purpose of Disbursement STRATEGIC CONSULTING		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	13066.67
Office Sought: Senate President State: Disbut	orsement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. MARY EARNHARDT			Date of Disbursement
Mailing Address 6465 65TH PL STE 185			04 21 2015
City WEST DES MOINES Purpose of Disbursement	State Zip Code IA 50266		Transaction ID : SB21B.I24
REIMBURSEMENT (SEE BELOW) Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Senate President State: Disbut	ursement For: Primary General Other (specify) ▼	Туре	
SUBTOTAL of Disbursements This Page (option	al)	·····	13775.97
TOTAL This Period (last page this line number	only)		

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<u></u>	Full Name (Last, First, Middle Initial)			1					
_	MARY EARNHARDT				Date of Disburse	ment			
	" WAIT LAINHAIDT					D / Y Y Y Y			
	Mailing Address 6465 65TH PL				01 2				
	STE 185				ئا لنتا				
		State	Zip Code			0D04D45			
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	Candidate Name			Category/		400.00			
				Type		108.08			
	Office Sought: House Disbursen	nent For:			[MEMO ITEM]				
	Senate	Primary	General		EARNHARDT 4/2	1			
	President	Other (spec	cify) 🔻						
	State: District:								
	Full Name (Last, First, Middle Initial)								
В.	CASEY ENDERS				Date of Disburse	ment			
					M M / D D / Y Y Y Y				
	Mailing Address 13606 SMALLWOOD CT			\neg	04 2	8 2015			
	•	State	Zip Code		Transaction ID	: SB21B.I66			
	CHANTILLY Dishuranment	VA	20151						
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C.	ANNA D. EPSTEIN								
	Moiling Address 4044 B CT NAV					8 2015			
	Mailing Address 1911 R ST NW APT 502				04 2	2010			
		State	Zip Code						
	WASHINGTON	DC	20009		Transaction ID	: SB21B.I63			
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				Category/ Type		3225.00			
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	Senate	Primary	General						
	President	Other (spec	cify) 🔻						
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s	UBTOTAL of Disbursements This Page (optional)					6808.34			
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Detailed Summary Page 27 28a 28 28 28 28 28 30 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA Full Name (Last, First, Middle Initial) A. SARAH M. ISGUR Mailing Address 622 E 20TH ST City State Zip Code TX 77008 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District Full Name (Last, First, Middle Initial) B. JESSICA LABERGE Mailing Address 1843 BAY ST SE City MASHINGTON Disconsidered Primary General Other (specify) ▼ Transaction ID: S8218.164 Amount of Each Disbursement this Period Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) Type	or for commercial purposes, other than using the nare NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, F Full Name (Last, First, Middle Initial) A. SARAH M. ISGUR	Detailed Summary Page ments may not be sold or une and address of any politic	27 ased by any persitical committee to	28a 28b 28c 29 30 on for the purpose of soliciting contributions of solicit contributions from such committee. OR YOU AND FOR AMERICA
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City State Zip Code D.C. DC 20003 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) Office Specify Type Transaction ID : SB21B.I62 Amount of Each Disbursement this Period General Other (specify) Other (specify)	Mailing Address 809 EAST CAPITOL ST NE			1 1 1 1 1 1 1
D.C. DC 20003 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify) Other (specify) Pransaction ID: SB21B.162 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Other (specify)				
Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Other (specify)				Transaction ID : SB21B.I62
Candidate Name Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type 3583.34 Office Sought: House Senate Primary General Other (specify) President Other (specify)	Purpose of Disbursement			
Office Sought: House Senate President Disbursement For: Primary General Other (specify) Other (specify)				Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Callulate Name			3583.34
President Other (specify) ▼	Office Sought: House Disburse	ment For:	71	
		Other (specify)		
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S	CHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PA			PAGE 86 OF 362					
	· · · · · · · · · · · · · · · · · · ·	Use separat	e schedule(s)	FOR LINE N	-		FAGE 00 UF 302			
П	EMIZED DISBURSEMENTS	for each cat	egory of the	X 21b	· · · · · · · · · · · · · · · · · · ·					
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\setminus	NAME OF COMMITTEE (In Full)		·							
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Λ	Full Name (Last, First, Middle Initial) MARK R. MEADOWS				Date of Dis	churcom	ent			
Λ.	WARK R. WEADOWS				M M /	D D		Y	V	
	Mailing Address 850 S CLARK ST				05	28		2015		
	City	State Z	ip Code							
	CHICAGO		30605		Transacti	ion ID :	SB21B.I1	09		
	Purpose of Disbursement									
	RESEARCH			LII	Amount of	Each D	isburseme	ent this	Period	
	Candidate Name			Category/				250	0.00	
	Office Sought: House Disbursen	nent For		Туре		7	- 1			
		Primary	General							
	President	Other (specify) \							
_	State: District:									
_	Full Name (Last, First, Middle Initial)									
В.	CRAIG MURPHY				Date of Dis					
	Mailing Address 3701 KARALYN CT				04 27 2015					
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	,		ip Code		Transact	ion ID :	SB21B.I5	7		
	ARLINGTON Purpose of Disbursement	TX 7	76016							
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	Candidate Name			Category/				_		
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		Primary	General							
		Other (specify) ▼							
_	State: District:									
C.	Full Name (Last, First, Middle Initial) CRAIG MURPHY				Date of Dis	sbursem	ent			
•	CICAIO MORI III				M M /	D D		Y Y	Y	
	Mailing Address 3701 KARALYN CT				03	30	J L	2015		
	City	State Z	ip Code							
	ARLINGTON		76016		Transact	ion ID :	SB21B.I7			
Purpose of Disbursement REIMBURSEMENT Candidate Name										
				0-1-1-1	Amount of	Each D	ısburseme	ent this	Period	
				Category/ Type				152	5.00	
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	or commercial purposes, other than using the name								
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<u>/_</u>									
	Full Name (Last, First, Middle Initial)				Date of Disburseme	nt			
Α.	AMERICAN AIRLINES								
Ī	Mailing Address P.O. BOX 619616				03 24	2015			
(City	State	Zip Code		Transaction ID : S	D21D I51			
	DFW AIRPORT	TX	75261		Transaction ib . 3				
ı	Purpose of Disbursement TRAVEL				Amount of Each Dia	sbursement this Period			
ī	Candidate Name				Amount of Each Dis	soursement this Period			
`	Sandidate Name			Category/ Type		60.00			
Ō	Office Sought: House Disburser	nent For:		Турс	[MEMO ITEM]				
	Senate	Primary	General		MURPHY 3/30				
	President	Other (spe	cify) ▼						
	State: District:								
	Full Name (Last, First, Middle Initial)								
В.	AMERICAN AIRLINES				Date of Disburseme	nt			
-	Mailing Address B.O. DOV 040040				03 19	2015			
ı	Mailing Address P.O. BOX 619616				03 19	2015			
(City	State	Zip Code		Transaction ID : S	P24D IE2			
	DFW AIRPORT	TX	75261		Transaction iD . 3	DDZ 1D.132			
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7	Candidate Name				Amount of Each Dis	sbursement this Period			
`	Sandidate Name			Category/ Type		210.00			
Ō	Office Sought: House Disbursen	nent For:		Турс	[MEMO ITEM]	,			
	Senate	Primary	General		MURPHY 3/30				
	President	Other (spe	cify) ▼						
	State: District:								
_	Full Name (Last, First, Middle Initial)								
C.	EXPEDIA INC				Date of Disburseme	ent			
-	Mailing Address 333 108TH AVE NE				03 / D D D	2015			
'	VIAILING Address 333 TOOTH AVE NE				03 22	2013			
(Dity 5	State	Zip Code		Transaction ID : S	PD4B 145			
		WA	98004		Transaction iD: 3	DDZ I D.140			
ı	Purpose of Disbursement TRAVEL								
7	Candidate Name				Amount of Each Dis	sbursement this Period			
`	Sandidate Name			Category/ Type		400.46			
Ō	Office Sought: House Disbursen	nent For:		1900					
	Senate	Primary	General		[MEMO ITEM] MURPHY 3/30				
	President	Other (spe	cify) 🔻						
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Α.	WESTIN							_					
	Mailing Address ONE STARPOINT						03	/	2			2015	
	,	State	Zip Code				Trans	sacti	on ID	· SB2	1B.I44	1	
	STAMFORD Purpose of Disbursement	СТ	06902				i i a i i	Sactiv	טוו ווט	. 002	10.14-	•	
	TRAVEL			Г.			Amour	nt of I	Each	Disbu	rseme	nt this	Period
	Candidate Name			Cat	egor	2//	-				-		
					egor ype	y/			,		7	22	23.74
	Office Sought: House Disbursen Senate President	nent For: Primary Other (spec	☐ General				[MEMO		-				
	State: District:		•										
	Full Name (Last, First, Middle Initial)												
В.	CRAIG MURPHY						Date o	of Dis	burse	ment			
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	Mailing Address 3701 KARALYN CT						04	-	2	7	-	2015	_
	•	State	Zip Code				Tran	sacti	on ID	: SB2	21B.I8	5	
	ARLINGTON Purpose of Disbursement	TX	76016				-			-			
	VIDEOGRAPHY						Amour	nt of I	Fach	Disbu	rseme	nt this	Period
	Candidate Name			Cat		24				2.000	-		
					egor ype	y/			,		7	165	58.95
	Office Sought: House Disbursen	nent For: Primary Other (spec	☐ General										
_	Full Name (Last, First, Middle Initial)					_					—		
C.	MR. A JERROLD PERENCHIO						Date o	of Dis	burse	ment			
							M M	/	D	D /	Υ	YY	Y
	Mailing Address 1999 AVENUE OF THE STARS STE 3050						03		3	1	<u>L</u> .	2015	
	•	State CA	Zip Code 90067-4613				Tran	sacti	on ID	: SB2	1B.10	0003	
	LOS ANGELES Purpose of Disbursement	UA .	90007-4013			_							
	IN-KIND CONTRIBUTION Candidate Name			1.		ш	Amour	nt of I	Each	Disbu	rseme	nt this	Period
				Cat	egor	v/	-	-			-	005	
				T	ype				,		7	625	50.00
	Office Sought: House Disbursen		O										
	Senate President	Primary Other (spec	General				FUNDF	RAISI	NG S	ERVIC	ES		
	State: District:	Outlot (Spec	~…y/ ▼										
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	the (Clieck Office Office)			
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Statem	ents may not be sold or us	ed by any perso	on for the purpose of s	soliciting contributions	
or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions fro	om such committee.	
NAME OF COMMITTEE (In Full)					
CONSERVATIVE, AUTHENTIC, RI	ESPONSIVE LEAD	ERSHIP FO	OR YOU AND F	OR AMERICA	
Full Name (Last, First, Middle Initial)			D . (D).		
A. MR. A JERROLD PERENCHIO			Date of Disburseme		
Mailing Address 1999 AVENUE OF THE STARS STE 3050			04 30	2015	
•	State Zip Code		Transaction ID : S	\$R21R 100004	
2007102220	CA 90067-4613		Transaction iD . S	DDZ 1B. 100004	
Purpose of Disbursement IN-KIND CONTRIBUTION			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		22222	
		Type		20000.00	
Office Sought: House Disbursem					
	Primary General Other (specify) ▼		FUNDRAISING SER	VICES	
State: District:	(-				
Full Name (Last, First, Middle Initial)					
B. MR. A JERROLD PERENCHIO			Date of Disburseme		
Mailing Address 1999 AVENUE OF THE STARS			05 11	2015	
STE 3050				20,0	
	State Zip Code CA 90067-4613		Transaction ID : S	SB21B.100005	
LOS ANGELES Purpose of Disbursement	CA 90067-4613				
IN-KIND CONTRIBUTION			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		8377.58	
Office Sought: House Disbursem	pent For:	Туре	7	301,100	
	Primary General		FUNDRAISING EVE	NT CATERING, VENUE,	
	Other (specify) ▼		SUPPLIES	INT CATERING, VENCE,	
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disburseme		
C. MR. A JERROLD PERENCHIO			M M / D D	/ Y Y Y Y Y	
Mailing Address 1999 AVENUE OF THE STARS STE 3050			05 31	2015	
,	state Zip Code		Transaction ID : S	SB21B.100006	
LOS ANGELES Purpose of Disbursement	CA 90067-4613				
IN-KIND CONTRIBUTION			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		17500.00	
Office County House		Type		17500.00	
Office Sought: House Disbursem	nent For: Primary General		ELINIDO MENTO CED	VICES	
	Other (specify)		FUNDRAISING SER	VICES	
State: District:					
				45077.50	
SUBTOTAL of Disbursements This Page (optional)		·····•		45877.58	
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAG		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	the Concor only one)		□ 24 □ 25 □ 26
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NAME OF COMMITTEE (In Full)	me and address of any point	car committee to	Solicit Contributions in	om such committee.
CONSERVATIVE, AUTHENTIC, F	RESPONSIVE LEAD	ERSHIP F	OR YOU AND	FOR AMERICA
Full Name (Last, First, Middle Initial) A. MR. A JERROLD PERENCHIO			Date of Disbursem	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address 1999 AVENUE OF THE STARS STE 3050			06 30	2015
City	State Zip Code		Transaction ID :	SR21R 100007
LOS ANGELES Purpose of Disbursement	CA 90067-4613		Transaction ib .	35215.100007
IN-KIND CONTRIBUTION			Amount of Each D	isbursement this Period
Candidate Name		Category/		15000.00
Office Sought: House Disburse	ement For:	Туре		
Senate	Primary General		FUNDRAISING SE	RVICES
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. BOBBY SAPAROW			Date of Disbursem	ent
Mailing Address 480 GRAMERCY DR.			06 10	2015
City MARIETTA	State Zip Code GA 30068		Transaction ID :	SB21B.I225
Purpose of Disbursement FUNDRAISING CONSULTANT			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		1500.00
Senate	ement For: Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. REBECCA E. SCHIEBER			Date of Disbursem	ent
			M M / D D	/ Y " Y " Y " Y
Mailing Address 11921 PINE GROVE CT			04 28	2015
City ORLAND PARK	State Zip Code IL 60467		Transaction ID :	SB21B.I67
Purpose of Disbursement POLITICAL STRATEGY CONSULTING				
Candidate Name		Category/ Type	Amount of Each D	isbursement this Period 1612.50
Office Sought: House Disburse	ement For:	.,,,,		
Senate President	Primary General			
State: District:	Other (specify)			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 91 OF 362				
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TI ENTILLE DIODOTTOLIVILIATO	for each category of the Detailed Summary Page) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· ·				
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A. LESLIE C. SHEDD			Date of Disbursement				
LEGEIE G. GITEDD			M M / D D / Y Y Y Y				
Mailing Address 70 I ST SE			06 15 2015				
#1118	Otata 7'- O I						
City	State Zip Code DC 20003		Transaction ID : SB21B.I228				
WASHINGTON Purpose of Disbursement	DC 20003						
REIMBURSEMENT			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	583.52				
	sement For:						
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. DELTA			Date of Disbursement				
DELIA			M M / D D / Y Y Y Y				
Mailing Address 1030 DELTA BLVD			05 28 2015				
City	State Zip Code GA 30354		Transaction ID : SB21B.I272				
ATLANTA Purpose of Disbursement	GA 30354	Τ					
TRAVEL			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	451.20				
	sement For:		[MEMO ITEM]				
Senate	Primary General		SHEDD 6/15				
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. LESLIE C. SHEDD			Date of Disbursement				
LEGLIE G. GITLEDD			M M / D D / Y Y Y Y				
Mailing Address 70 I ST SE			06 19 2015				
#1118							
City	State Zip Code DC 20003		Transaction ID : SB21B.I229				
WASHINGTON Purpose of Disbursement	20003						
REIMBURSEMENT (AMERICAN AIRLINES)			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	448.20				
	sement For:						
Senate	Primary General						
State: District:	Other (specify) ▼						
GiaiG. District.							
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A. AMERICAN AIRLINES			Date of Disbursement				
Mailing Address P.O. BOX 619616			06 16 2015				
g radices [.e. Bekenede			10 10 2010				
City	State Zip Code		Transaction ID : SB21B.I273				
DFW AIRPORT	TX 75261		Transaction ID: 3B21B.I273				
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Candidate Name			Amount of Each Disbursement this Period				
Candidate Manie		Category/ Type	448.20				
Office Sought: House Disburse	ment For:	Туре	IMENA ITEM				
Senate	Primary General		[MEMO ITEM] SHEDD 6/19				
President	Other (specify) ▼		G.1.2.2.5 67.16				
State: District:							
Full Name (Last, First, Middle Initial)							
B. AMERICAN EXPRESS			Date of Disbursement				
M. W. A. I.I.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 200 VESEY ST			04 21 2015				
City	State Zip Code						
NEW YORK	NY 10285		Transaction ID: SB21B.I182				
Purpose of Disbursement							
CC PROCESSING			Amount of Each Disbursement this Period				
Candidate Name		Category/	14.60				
Office Sought: House Disburse	ment For:	Туре					
Senate Disburse	Primary General						
President	Other (specify)						
State: District:	, , , , , , , , , , , , , , , , , , ,						
Full Name (Last, First, Middle Initial)							
C. AMERICAN EXPRESS			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 200 VESEY ST			04 22 2015				
City	State Zip Code						
NEW YORK	NY 10285		Transaction ID : SB21B.I183				
Purpose of Disbursement							
CC PROCESSING		L	Amount of Each Disbursement this Period				
Candidate Name		Category/	6.08				
Office County		Type	0.00				
Office Sought: House Disburse Senate	ment For:						
Senate President	Primary General Other (specify) ▼						
State: District:	Other (Specify)						
District.							
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Α.	AMERICAN EXPRESS								
	Mailing Address 200 VESEY ST				04 23 2015				
	3 11 11 200 1201 01								
	City	State	Zip Code		Transaction ID : SB21B.I184				
	NEW YORK	NY	10285		Transaction id . 36216.1164				
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	Candidate Name				Amount of Lacif Disbursement this Fellod	i			
				Category/ Type	2.47				
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	President	Other (spec	cify) 🔻						
	State: District:								
_	Full Name (Last, First, Middle Initial)								
В.	AMERICAN EXPRESS				Date of Disbursement				
	Mailing Address 200 VESEY ST				04 23 2015				
	Walling Address 200 VESEY ST				04 23 2013				
	City	State	Zip Code		Transaction ID : SB21B.I185				
	NEW YORK	NY	10285		Transaction ID . 3D21B.1103				
	Purpose of Disbursement CC PROCESSING				Amount of Each Disbursement this Period				
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				Category/ Type	5.51				
	Office Sought: House Disbursen	nent For:		1,750					
	Senate	Primary	General						
	President	Other (spec	cify) 🔻						
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	Full Name (Last, First, Middle Initial)				D				
C.	AMERICAN EXPRESS				Date of Disbursement				
	Mailing Address 200 VESEY ST				04 27 2015				
	Maining Addition 200 VESET ST				OT 21 2013				
	City	State	Zip Code		Transaction ID : SB21B.I186	_			
	NEW YORK	NY	10285		11d115dCt(U)1 ID : 3D21D.1780				
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	Canadate Name			Category/ Type	5274.05				
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	Senate	Primary	General						
	President	Other (spec	cify) 🔻						
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SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 94 OI				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b			
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Candidate Name		Category/ Type	3.91			
Senate President	ment For: Primary					
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City NEW YORK	State Zip Code NY 10285		Transaction ID : SB21B.I188			
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Candidate Name		Category/ Type	3.91			
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement			
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Office Sought: House Disburse Senate President State: District:	ment For: Primary	Туре				
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 95 OF 3				
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SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 96				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b			
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Mailing Address 200 VESEY ST			05 14 2015			
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SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 97 O				
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Office Sought: House Disburse	ement For: Primary General Other (specify)	Туре				
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 98 OF 36				
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 100 OF 36					OE 363
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Purpose of Disbursement CC PROCESSING			Amount of Each Disbursement this Period			
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Senate President	ment For: Primary					
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City NEW YORK Purpose of Disbursement	State Zip Code NY 10285		Transaction ID : SB21B.I312			
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Office Sought: House Disburse Senate President State: District:	ment For: Primary					
Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement			
Mailing Address 200 VESEY ST			06 09 2015			
City NEW YORK Purpose of Disbursement	State Zip Code NY 10285		Transaction ID : SB21B.I313			
CC PROCESSING Candidate Name		Category/	Amount of Each Disbursement this Period 3.04			
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре				
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 102 OF 362				
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City NEW YORK	State Zip Code NY 10285		Transaction ID : SB21B.I80			
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Senate	Primary General					
President	Other (specify) ▼					
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C. AMERICAN EXPRESS			Date of Disbursement			
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NEW YORK	NY 10285		Transaction ID : SB21B.I86			
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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 103 OF 362		
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City S MAULDIN	State Zip Code SC 29662		Transaction ID : S	B21B.I100		
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President	nent For: Primary General Other (specify)	,,	·			
State: District:						
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,	State Zip Code SC 29662		Transaction ID : S	B21B.I201		
Purpose of Disbursement DATA						
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period 24878.81		
	nent For: Primary General Other (specify)	75-				
SUBTOTAL of Disbursements This Page (optional)				44766.49		
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 104 OF 362				
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A. BURKE CONSULTING COMPANY	, LLC		M M / D D / Y Y Y Y			
Mailing Address 205 MASHIE DR SE			05 06 2015			
,	State Zip Code		Transaction ID : SB21B.I69			
VIENNA	VA 22180					
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		Category/ Type	11119.46			
Office Sought: House Disburser	nent For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Dishursoment			
B. CHATEAU AT SILVER LAKE			Date of Disbursement			
Mailing Address 7815 ROYAL ST			06 11 2015			
7010110111201						
City	State Zip Code		Transaction ID : SB21B.I245			
PARK CITY	UT 84060					
Purpose of Disbursement TRAVEL			Amount of Each Disbursement this Period			
Candidate Name			Amount of Each Disbursement this Feriod			
		Category/ Type	220.79			
Office Sought: House Disburser	nent For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Distance and			
C. CMDI			Date of Disbursement			
Mailing Address 1593 SPRING HILL RD			03 04 2015			
STE 400			30 31 2010			
City	State Zip Code		Transaction ID : SB21B.I10			
TYSONS CORNER	VA 22182		Transaction ib . GB2 TBTO			
Purpose of Disbursement CC PROCESSING						
Candidate Name			Amount of Each Disbursement this Period			
		Category/ Type	12.02			
Office Sought: House Disburser	nent For:	71: -				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
			11352 27			
SUBTOTAL of Disbursements This Page (optional)		>	11352.27			

S	CHEDULE B (FEC Form 3X)	11-	4b - L ! - ()	FOR LINE NUMBER: PAGE 105 OF 362						
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only						
			ımmary Page	X 21b 27	22 28a	23 28b	24 25 26 28c 29 30b			
	ny information copied from such Reports and Staten									
or	for commercial purposes, other than using the name	ne and addres	ss of any politica	al committee to	solicit con	tributions fr	om such committee.			
	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, R	ESPONS	IVE LEADE	ERSHIP F	OR YO	U AND I	FOR AMERICA			
_	Full Name (Last, First, Middle Initial)				Data of	Diahomaana				
Α.	CMDI	Date of Disbursement								
	Mailing Address 1593 SPRING HILL RD	03	25	2015						
	STE 400	State 2	Zip Code							
	TYSONS CORNER		22182		Transa	action ID : S	SB21B.I11			
	Purpose of Disbursement CC PROCESSING				Amount	of Each Di	sbursement this Period			
	Candidate Name			Category/			126.00			
	Office Sought: House Disbursen	aont For		Type		7	126.98			
	Senate Disbursen	Primary	General							
	President	Other (specify	y) ▼							
_	State: District:									
В.	Full Name (Last, First, Middle Initial) CMDI					Disburseme	_			
	Mailing Address 1593 SPRING HILL RD STE 400	04	01	2015						
	TYSONS CORNER	State Z VA	Zip Code 22182		Trans	action ID :	SB21B.l12			
	Purpose of Disbursement CC PROCESSING				Amount	of Each Di	sbursement this Period			
	Candidate Name			Category/ Type			111.06			
	Office Sought: House Disbursen Senate	nent For: Primary	General							
	President	Other (specify								
_	State: District: Full Name (Last, First, Middle Initial)									
C.	CMDI	Date of Disbursement								
	Mailing Address 1593 SPRING HILL RD	03	19	2015						
	STE 400									
			Zip Code 22182		Trans	action ID :	SB21B.I180			
	Purpose of Disbursement CC PROCESSING									
	Candidate Name			Category/ Type	Amount	of Each Di	sbursement this Period 16.56			
	Office Sought: House Disbursen	nent For:		.,,,,,			7			
	Senate President	Primary	General							
	State: District:	Other (specify	y) ▼							
S	SUBTOTAL of Disbursements This Page (optional)			······		,	254.60			
Т	OTAL This Period (last page this line number only)			·····•						

SC	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 106 OF 362							
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		(check only one)			FAGE 100 OF 302			
II LIVIIZED DISBURSEMENTS		for each category of the		X 21b	22	23	24	25	26	
		Detailed Summary Pa	age	27	28a	28b	280	29	30b	
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	Mailing Address 4502 CDDING LILL DD	06 03 2015								
	Mailing Address 1593 SPRING HILL RD STE 400	06	0.0	<u>'</u>	2015	-				
	City S	1								
	TYSONS CORNER	State Zip Code VA 22182			Transa	ction ID	: SB21E	3.1260		
	Purpose of Disbursement									
	CC PROCESSING				Amount	of Each	Disburse	ement this	Period	
	Candidate Name			Category/				21	51.50	
	Office County			Туре		7		2.		
	Office Sought: House Disbursen Senate		ral							
		Primary Gene Other (specify)	ıaı							
	State: District:	outer (specify) ▼								
	Full Name (Last, First, Middle Initial)									
В.					Date of I	Disburse	ment			
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	Mailing Address 1593 SPRING HILL RD					0:		2015		
	STE 400									
	,	State Zip Code			Transa	ction ID	: SB21E	3.1261		
	TYSONS CORNER Purpose of Disbursement	VA 22182								
	COMPLIANCE DATABASE SERVICES			Amount 4	of Fach	Dishure	ement this	Period		
	Candidate Name		Code			Amount of Each Disbursement this Period				
				Category/ Type				18	62.23	
	Office Sought: House Disbursen	nent For:		7.5-						
		Primary Gene	ral							
	President	Other (specify)								
_	State: District:									
	Full Name (Last, First, Middle Initial)									
C.	CMDI				Date of I	Disburse	ment			
	A 92 A 11	M M / D D / Y Y Y Y Y								
	Mailing Address 1593 SPRING HILL RD		06	04		2015				
	STE 400	State Zip Code								
	•	VA 22182			Transa	ction ID	: SB21E	3.1262		
	Purpose of Disbursement									
	CC PROCESSING			Amount of	of Each	Disburse	ement this	Period		
	Candidate Name		Category/			0.7				
				Type		1		3	71.48	
	Office Sought: House Disbursen									
		Primary Gene	ral							
		Other (specify) ▼								
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<u>ر</u> [IIDTOTAL of Dishumanate This Days (and a							248	35.21	
L	UBTOTAL of Disbursements This Page (optional)			······		- 1		- 10		
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 107 OF 362						
ITEMIZED DISBURSEMENTS			rate schedule(s)	(check only	NONDEII.					
		for each category of the Detailed Summary Page	(check chily	,			25	<u> </u>		
		Detailed S	oummary Page	27	28a	28b	28c	29	30b	
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\setminus	NAME OF COMMITTEE (In Full)									
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	Full Name (Last, First, Middle Initial)									
Α.	CMDI	Date of Disbursement								
	Mailing Address 1500 OPPING LILL DD									
	Mailing Address 1593 SPRING HILL RD STE 400	06	1		2015	_				
	City S									
	TYSONS CORNER	VA	Zip Code 22182		Transa	ction ID	: SB21B	1263		
	Purpose of Disbursement									
	CC PROCESSING				Amount	of Each	Disburse	ment this	Period	
	Candidate Name			Category/	784.75					
				Type			- 7	78	34.75	
	Office Sought: House Disbursen									
		Primary	General							
	President	Other (spec	ify) 🔻							
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В.	Full Name (Last, First, Middle Initial)				Data of	Disburse	mont			
υ.	CMDI				M M M					
	Mailing Address 1593 SPRING HILL RD					1		2015	- Y	
	STE 400							2010		
	City	State	Zip Code		Trans	action ID	. CD24B	1264		
	TYSONS CORNER	VA	22182		Trans	action iD	: 30210	.1204		
	Purpose of Disbursement CC PROCESSING									
					Amount	of Each	Disburse	ment this	Period	
	Candidate Name			Category/				50	01.05	
	Office Sought: House Disbursen	nont For:		Туре		,	,			
		Primary	General							
		Other (spec								
	State: District:	CC. (OPCC	,, ▼							
_	Full Name (Last, First, Middle Initial)									
C.	CMDI				Date of	Disburse	ment			
	OWE!	M M / D D / Y Y Y Y								
	Mailing Address 1593 SPRING HILL RD		06 25 2015							
	STE 400									
	•	State	Zip Code		Transa	action ID	: SB21B	.1265		
	TYSONS CORNER Purpose of Disbursement	VA	22182							
	CC PROCESSING			A	of Cook	Dioh	mont IL:	Doring		
	Candidate Name			Cotamani	Amount	of Each	שומטור	nent this	renod	
				Category/ Type		_		21	0.06	
	Office Sought: House Disbursen	nent For:		31		-	7			
	Senate	Primary	General							
	President	Other (spec	ify) ▼							
	State: District:									
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s	UBTOTAL of Disbursements This Page (optional)						7	149	5.86	
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I T	OTAL This Period (last page this line number only)									

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 108 OF 362						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	′					
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b				
Any information copied from such Reports and Stater								
or for commercial purposes, other than using the nan	ne and address of any politica	al committee to	solicit contributions	from such committee.				
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, R	ESPONSIVE LEADE	ERSHIP FO	OR YOU AND	FOR AMERICA				
Full Name (Last, First, Middle Initial)			Data of Diaburas	mont				
A. CMDI	Date of Disbursement							
Mailing Address 1593 SPRING HILL RD STE 400	05 28	2015						
City S TYSONS CORNER	State Zip Code VA 22182		Transaction ID	: SB21B.I314				
Purpose of Disbursement	22102							
CC PROCESSING			Amount of Each	Disbursement this Period				
Candidate Name		Category/ Type		859.00				
Office Sought: House Disburser	nent For:	1,700	, , , , , , , , , , , , , , , , , , , ,					
Senate President	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. CMDI			Date of Disburse					
Mailing Address 1593 SPRING HILL RD STE 400	04 0							
TYSONS CORNER	State Zip Code VA 22182		Transaction ID	: SB21B.I74				
Purpose of Disbursement CC PROCESSING			Amount of Each	Disbursement this Period				
Candidate Name		Category/ Type		1753.79				
Office Sought: House Disburser	nent For:	.,,,,,	,					
Senate President	Primary General Other (specify) ▼							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
C. CMDI			Date of Disburse					
Mailing Address 1593 SPRING HILL RD STE 400	04 17							
City	State Zip Code VA 22182		Transaction ID	: SB21B.I77				
TYSONS CORNER Purpose of Disbursement								
CC PROCESSING		Amount of Each Disbursement this Period						
Candidate Name		Category/ Type		32.63				
Office Sought: House Disburser	nent For:	Турс						
Senate President	Primary General							
State: District:	Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional)		······		2645.42				
TOTAL This Period (last page this line number only)			4					

S	CHEDULE B (FEC Form 3X)	11-		FOR LINE NUMBER: PAGE 109 OF 36							
IT	EMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only	· — ′						
			ummary Page	X 21b 27	22 28a	23 28b	24 25 28c 29	26 30b			
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or	for commercial purposes, other than using the name	e and addres	ss of any politica	al committee to	solicit con	tributions fr	om such commit	tee.			
$ \rangle$	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, R	ESPONS	SIVE LEAD	ERSHIP F	OR YOU	J AND F	FOR AMER	ICA			
_	Full Name (Last, First, Middle Initial)				Data of	Dishursome	ant				
A.	CMDI				Date of Disbursement						
	Mailing Address 1593 SPRING HILL RD STE 400				04	27	2015				
		State VA	Zip Code		Transa	action ID : S	SB21B.I78				
	TYSONS CORNER Purpose of Disbursement	VA	22182								
	CC PROCESSING				Amount	of Each Di	sbursement this	Period			
	Candidate Name			Category/			110	6.69			
	Office Sought: House Disbursen	nent For:		Туре	-	,					
	Senate	Primary	General								
	President State: District:	Other (specif	- y) ▼								
_	Full Name (Last, First, Middle Initial)										
В.	CMDI				Date of	Disburseme	ent	V			
	Mailing Address 1593 SPRING HILL RD STE 400				04	30	2015				
	TYSONS CORNER	State VA	Zip Code 22182		Transa	action ID : \$	SB21B.I79				
	Purpose of Disbursement CC PROCESSING				Amount	of Each Di	sbursement this	Period			
	Candidate Name			Category/ Type		-,	8	7.19			
	Office Sought: House Disbursen										
		Primary Other (specif	General								
	State: District:	Other (opeon	y) ▼								
_	Full Name (Last, First, Middle Initial)										
C.	CMDI					Disburseme					
	Mailing Address 1593 SPRING HILL RD STE 400				04	23	2015	Y			
	City		Zip Code		Transa	action ID : S	SB21B.I81				
	Purpose of Disbursement	VA	22182								
	CC PROCESSING Candidate Name		Category/	Amount	of Each Di	sbursement this					
	Office Sought: House Disbursen	nent For:		Туре		7					
		Primary	General								
	President	Other (specif	y) ▼								
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, ا	SUBTOTAL of Disbursements This Page (optional)						4482	2.03			
F					_						
Т	OTAL This Period (last page this line number only)					-					

SCHEDULE B (FEC Form 3X)		EOD LINE	FOR LINE NUMBER: PAGE 110 OF 362						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.						
II LIVIIZED DISBURSEIVIEN IS	for each category of the	X 21b	22 23 24 25 26						
	Detailed Summary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and Stater	nents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions						
or for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full)									
CONSERVATIVE, AUTHENTIC, R	ESPONSIVE LEAD	DERSHIP FO	OR YOU AND FOR AMERICA						
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Full Name (Last, First, Middle Initial)									
A. CMDI			Date of Disbursement						
Mailian Address 4500 OPPINIO LILL DD			M M / D D / Y Y Y Y						
Mailing Address 1593 SPRING HILL RD STE 400			05 06 2015						
	State Zip Code								
TYSONS CORNER	VA 22182		Transaction ID : SB21B.I88						
Purpose of Disbursement									
FINANCIAL COMPLIANCE SOFTWARE			Amount of Each Disbursement this Period						
Candidate Name		Category/	500.24						
		Type	500.24						
Office Sought: House Disburser									
Senate	Primary General								
State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial) B. CMDI			Date of Disbursement						
B. CMDI									
Mailing Address 1593 SPRING HILL RD			03 04 2015						
STE 400									
City	State Zip Code		Transaction ID : SB21B.I9						
TYSONS CORNER	VA 22182		Transaction ib . 3D21B.i3						
Purpose of Disbursement CC PROCESSING									
Candidate Name			Amount of Each Disbursement this Period						
Candidate Name		Category/	78.26						
Office Sought: House Disburser	ment For:	Туре							
Senate	Primary General								
President	Other (specify) ▼								
State: District:	· · · · · · · · · · · · · · · · · · ·								
Full Name (Last, First, Middle Initial)									
C. CMDI			Date of Disbursement						
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Mailing Address 1593 SPRING HILL RD			05 07 2015						
STE 400	21. O. J.								
City TYSONS CORNER	State Zip Code VA 22182		Transaction ID : SB21B.I90						
Purpose of Disbursement	22102								
CC PROCESSING			Amount of Each Disbursement this Period						
Candidate Name		Category/							
		Type	381.49						
Office Sought: House Disburser	nent For:								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
			959.99						
SUBTOTAL of Disbursements This Page (optional)		·····	333.39						
TOTAL This Period (last page this line number only)									

SCHEDULE B (FEC Form 3X)	Harris I I I I I I	FOR LINE NUMBER: PAGE 111 OF 3						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	24 25 26					
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b				
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or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any politica	al committee to	solicit contributions	from such committee.				
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Full Name (Last, First, Middle Initial)			Date of Disbursen	nent				
A. CMDI			M M / D E					
Mailing Address 1593 SPRING HILL RD			05 14	2015				
STE 400 City	State Zip Code							
TYSONS CORNER	VA 22182		Transaction ID :	SB21B.l92				
Purpose of Disbursement CC PROCESSING			Amount of Each D	Disbursement this Period				
Candidate Name		Category/		156.67				
Office Sought: House Disburse	ment For:	Туре		130.07				
Senate Dispurse	Primary General							
President	Other (specify) ▼							
State: District: Full Name (Last, First, Middle Initial)								
B. CMDI			Date of Disbursen					
Mailing Address 1593 SPRING HILL RD STE 400			05 21					
City TYSONS CORNER	State Zip Code VA 22182		Transaction ID :	SB21B.I93				
Purpose of Disbursement CC PROCESSING			Amount of Each D	Disbursement this Period				
Candidate Name		Category/ Type	, ,	65.02				
	ment For:							
Senate President	Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent .				
c. CMDI			M M / D E					
Mailing Address 1593 SPRING HILL RD STE 400			05 28	2015				
City TYSONS CORNER	State Zip Code VA 22182		Transaction ID :	SB21B.I94				
Purpose of Disbursement CC PROCESSING								
Candidate Name		Category/ Type	Amount of Each D	Disbursement this Period 102.13				
Office Sought: House Disburse	ment For:	.,,,,						
Senate President	Primary General							
State: President District:	Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional)		······		323.82				
TOTAL This Period (last page this line number only)							

SCHEDU	ILE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 112 OF 362							OE 362
	D DISBURSEMENTS		rate schedule(s)	(s) (check only one)							01 302
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		Detailed S	Summary Page		27	28a	28b	,	28c	29	30b
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	ercial purposes, other than using the name										
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	e (Last, First, Middle Initial)					Doto o	f Disburs	omo:	nt		
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	of Disbursement JE SHARING					Amoun	t of Fac	h Diel	burseme	nt thic	Period
Candidate	e Name			0		, anoull	. or Lac	ופוע	Sui 301116	1113	· criou
,	-			Categoi Type			1			4245	4.28
Office So	ught: House Disburser	nent For:		7,50			,				
	Senate	Primary	General								
	President	Other (spec	cify) 🔻								
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	e (Last, First, Middle Initial)					Б.	(D: 1				
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City		State	Zip Code			Trans	eaction I	n · e	B21B.I20	14	
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	of Disbursement RELATIONS CONSULTING; CONSULTAI	NT EXPENS	FS			A man	t of Foo	h Dial	h	nt thin	Dariad
Candidate	,					Amoun	l oi Eac	n Dis	burseme	ni inis	Period
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Office So	ught: House Disburser	nent For:		Турс			,		7		
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ivialility A	ddress 2760 EISENHOWER AVE FL 4					U4	4 -	<u> </u>		2010	
City		State	Zip Code		$\overline{}$	T		D - C	D04D 100		
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	of Disbursement RELATIONS CONSULTING; CONSULTAN	IT EXPENS	FS								
Candidate		L/\(\)				Amoun	t of Eac	h Dis	burseme	nt this	Period
Candidate	5 IVAITE			Catego					-	12582	2.47
Office So	ught: House Disburser	nent For:		Туре			7	-	7		
550 50	Senate	Primary	General								
	President	Other (spec									
State:	District:	` '	- / •								
	'									-	
SUBTOTAL	of Disbursements This Page (optional)				. •					67673	3.14
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TOTAL This	s Period (last page this line number only)					1 .	1 (0)		(8)		

S	CHEDULE B (FEC Form 3X)			EOD LINE	FOR LINE NUMBER: PAGE 113 OF 362							
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only			170	<u>,_ 110</u>	51 002			
П	LIVIIZED DISDURSEIVIEN IS		for each category of the \ \ \ \ \ \ 21h			<i>'</i> ′						
		Detailed	Summary Page	27	28a	28b	28c	29	30b			
۸۰	ry information copied from such Reports and Statem	nante may r	not he sold or w	and hy any paras	n for the pur	nose of	f solicities	1 Contrib	utions			
	for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full)											
$ \rangle$	CONSERVATIVE, AUTHENTIC, R	ESP∩N	SIVELEAD	ERSHIP FO	JR VOLL	ΔΝΓ	FOR	ΔΝΛ⊏⊏	RICA			
/	CONSERVATIVE, ASTITEMITO, N	LOI OIN	OIVE LEAL	LIXOLIE E		AND		. γινι⊏ Γ	NOA			
	Full Name (Last, First, Middle Initial)											
A.	CREATIVE RESPONSE CONCEP	Date of D	sbursen	nent								
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	Mailing Address 2760 EISENHOWER AVE				04	21		2015				
	FL 4											
	,	State	Zip Code		Transac	ion ID :	SB21B.I	27				
	ALEXANDRIA Purpose of Disbursement	VA	22314			-						
	PUBLIC RELATIONS CONSULTING; CONSULTAN	IT EXPENS	ES		Amount of	Fach F	Dishurson	nent this	Period			
	Candidate Name				Amount Of	Lacii L	213DUI 30II	TOTAL UIIS	. Criou			
	Canada Hallo			Category/ Type		_	_	1251	1.00			
	Office Sought: House Disbursen	nent For		Туре		,	- 1					
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	State: District:	(1	- / T									
_	Full Name (Last, First, Middle Initial)											
В.		TS			Date of D	sbursen	nent					
					05 06 2015							
	Mailing Address 2760 EISENHOWER AVE											
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	City		Transac	tion ID :	SB21B.	70						
	7.127.0.1.127.1.1.1	VA	22314									
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING				Amount of	Each F	Diehuroon	ant thin	Period			
	Candidate Name				AITIOUTIL OI	∟a∪ii L	วเอมนเ 56[]	ioni iiiiS	i Gilou			
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	Office Sought: House Disbursen	nent For		Type		7	7					
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	State: District:		*									
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C.	CSC CAPITAL LLC				Date of D	sbursen	nent					
					M M	D [) / Y	YY	Y			
	Mailing Address PO BOX 4393				05	28		2015				
		State	Zip Code		Transac	tion ID :	SB21B.	106				
		NY	12866					-				
	Purpose of Disbursement FUNDRAISING CONSULTING						S. 1					
	Candidate Name				Amount of	Each [Disbursen	nent this	Period			
	Canadate Name			Category/				3000	00.00			
	Office Sought: House Disbursen	nent For:		Type		7	7					
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 114 OF 3						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	′					
	Detailed Summary Page	X 21b	22 23 28a 28b	24 25 26 30b				
Any information copied from such Reports and Sta	tements may not be sold or us	ed by any pers	on for the purpose	of soliciting contributions				
or for commercial purposes, other than using the r	name and address of any politic	cal committee to	solicit contribution	s from such committee.				
NAME OF COMMITTEE (In Full)				DEOD AMEDICA				
CONSERVATIVE, AUTHENTIC,	RESPONSIVE LEAD	EKSHIP F	OR YOU ANI	J FOR AMERICA				
Full Name (Last, First, Middle Initial)								
A. GUERIN, INC.			Date of Disburs					
Mailing Address 213 E DUNCAN AVE				2015				
01	7: 0 !							
City ALEXANDRIA	State Zip Code VA 22301		Transaction II) : SB21B.I207				
Purpose of Disbursement								
FUNDRAISING CONSULTING; CONSULTANT	EXPENSES		Amount of Each	Disbursement this Period				
Candidate Name		Category/ Type		4530.45				
Office Sought: House Disbur	sement For:	Турс						
Senate	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. GUERIN, INC.			Date of Disburs	ement				
AA-Tha Address Andress				D / Y Y Y Y Y				
Mailing Address 213 E DUNCAN AVE			05	2015				
City	State Zip Code		Transaction II) : SB21B.I71				
ALEXANDRIA Purpose of Disbursement	VA 22301							
FINANCE CONSULTING			Amount of Each	Disbursement this Period				
Candidate Name		Category/		4902.00				
Office Sought: House Disbur	sement For:	Type	7	1002.00				
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) C. H/F ANTHRACITE, LLC			Date of Disburs	ement				
			M M / D	D / Y Y Y Y				
Mailing Address 1707 DUKE ST			04	28 2015				
City	State Zip Code		Turnarian II	. CD04D I50				
ALEXANDRIA	VA 22314		Transaction II) : 5B21B.l59				
Purpose of Disbursement RENT			Amount of Fook	Disbursement this Period				
Candidate Name		Category/	Amount of Laci					
		Type		1010.13				
Office Sought: House Disbur	sement For: Primary General							
President	Other (specify)							
State: District:								
				10442.58				
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	EMIZED DISBURSEMENTS	Use sepa	rate schedule(s)	Check only	-		1 AG	_ 113	01 002	
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A.	H/F ANTHRACITE, LLC	Date of Di	sbursem	nent						
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	Mailing Address 1707 DUKE ST				04	28	JL.	2015		
	,	State	Zip Code		Transact	ion ID ·	SB21B.I6	in.		
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	Purpose of Disbursement RENT				A	F-45 5	dala		Davis	
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	Candidate Name			Category/				410	0.00	
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		Primary Other (spec	General							
	State: District:	Other (spec	Jiiy) ▼							
_	Full Name (Last, First, Middle Initial)									
В.					Date of Di	ehuream	ont			
٥.	IMAGEACTIVE									
	Mailing Address 4191 STANSBURY AVE				05	28	/ Y	2015	Y	
	Maining Addition 4191 STANSBURY AVE				UJ	20		2010	_	
	City	State	Zip Code		-		00045	07		
	LA	CA	91423		iransact	ion ID :	SB21B.I1	U/		
	Purpose of Disbursement									
	PHOTOGRAPHY				Amount of	Each D	isburseme	ent this	Period	
	Candidate Name			Category/				5.0	0.00	
				Туре		7	7	30	0.00	
	Office Sought: House Disbursem									
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_	State: District:									
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C.	KRAMER & ASSOCIATES, LLC				Date of Di	spursem				
	Mailing Address 2004 FR 1121222 77				M M /	D I D	/ Y	7 Y	Y	
	Mailing Address 2201 FRANCISCO DR				04	06		2015	_	
	STE 140-1833 City S	State	Zip Code							
	-	CA	95762		Transact	ion ID :	SB21B.I1	4		
	Purpose of Disbursement									
	FUNDRAISING CONSULTING			1 11	Amount of	Each D	isbursem	ent this	Period	
	Candidate Name			Category/	01		2.2.30111			
				Type		m -	1 40	4107	1.00	
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ITEMIZED DISBURSEMENT	5 1	for each	category of the	(Onlook)	only one)	23	24 25	7 26		
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Any information copied from such Reports or for commercial purposes, other than us										
NAME OF COMMITTEE (In Full)			71					,		
CONSERVATIVE, AUTHE	NTIC, RE	SPON	ISIVE LEAD	ERSHIP	FOR Y	DU AND	FOR AMERICA	4		
Full Name (Last, First, Middle Initial) A. KRAMER & ASSOCIATES					Date	of Disbursen	nent			
	o, LLC				M	M / D I				
Mailing Address 2201 FRANCISCO DR STE 140-1833					06	15	2015			
City	Sta		Zip Code		Trai	nsaction ID :	SB21B.I211			
EL DORADO HILLS Purpose of Disbursement	C,	Α	95762							
FUNDRAISING CONSULTING; CONS	ULTANT EXPE	NSES			Amou	int of Each D	Disbursement this Perio	od		
Candidate Name				Category/ Type			36840.70	П		
Office Sought: House	Disbursemen	nt For:		.,,,,,			,			
Senate President	I —	imary her (spe	General							
State: District:		лог (оро	ony) ▼							
Full Name (Last, First, Middle Initial)					Doto	of Dishurson	aant			
B. KRAMER & ASSOCIATES	S, LLC				Date	of Disbursen				
Mailing Address 2201 FRANCISCO DF STE 140-1833	२				04					
City EL DORADO HILLS	Sta C/		Zip Code 95762		Tra	nsaction ID :	SB21B.I28			
Purpose of Disbursement CONSUTLANT EXPENSE REIMBURS	SEMENT				Amou	unt of Each F	Disbursement this Perio	od		
Candidate Name				Category/	41	int of Each L				
0//				Type			3437.34			
Office Sought: House Senate	Disbursemer Pr	nt For: imary	General							
President	Ot	her (spe	cify) ▼							
State: District: Full Name (Last, First, Middle Initial)										
C. KRAMER & ASSOCIATES	S, LLC				Date	of Disbursen	nent			
Mailing Address 2201 FRANCISCO DR	· 				04					
STE 140-1833						21	2010			
City EL DORADO HILLS	Sta CA		Zip Code 95762		Tra	nsaction ID :	SB21B.I29			
Purpose of Disbursement CONSULTANT EXPENSE REIMBURS					1					
Candidate Name				Category/		int of Each D	Disbursement this Period 4025.26			
Office Sought: House	Disbursemer	nt For:		Type			1020.20	Ш.		
Senate		imary	General							
State: President District:	Ot	her (spe	cify) 🔻							
Oldio. District.								_		
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 117 OF 362						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TE NOMBER.					
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	Detailed Summary Page	27	28a 28b 28c 29 30b					
Any information copied from such Reports and State	ments may not be sold or us	ed by any perso	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
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Full Name (Last, First, Middle Initial)			Data of Diahuraamant					
A. KRAMER & ASSOCIATES, LLC			Date of Disbursement O5 06 2015					
Mailing Address 2201 FRANCISCO DR								
STE 140-1833			2010					
City	State Zip Code		Transaction ID : SB21B.I72					
EL DORADO HILLS	CA 95762		Hansaction ID: 3BZTB.I/Z					
Purpose of Disbursement FUNDRAISING CONSULTING; CONSULTANT E	XPENSES		Amount of Fook Dishurraness this David					
Candidate Name			Amount of Each Disbursement this Period					
Candidate Ivanie		Category/ Type	26810.07					
Office Sought: House Disburse	ement For:	туре						
Senate	Primary General							
President	Other (specify) ▼							
State: District:	· ·							
Full Name (Last, First, Middle Initial)								
B. KRAMER & ASSOCIATES, LLC			Date of Disbursement					
Matthew Addison			M M / D D / Y Y Y Y					
Mailing Address 2201 FRANCISCO DR STE 140-1833			04 23 2015					
City	State Zip Code							
EL DORADO HILLS	CA 95762		Transaction ID : SB21B.I84					
Purpose of Disbursement	VDENICEC							
FUNDRAISING CONSULTING; CONSULTANT E	APENSES		Amount of Each Disbursement this Period					
Candidate Name		Category/	20400.00					
Office Sought: House Disburse	ement For:	Туре	28.88.89					
Senate	Primary General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)								
C. LEXIS NEXIS			Date of Disbursement					
			M M / D D / Y M Y M Y					
Mailing Address PO BOX 7247-7090			05 28 2015					
City	State Zip Code							
PHILADELPHIA	PA 19170		Transaction ID : SB21B.I108					
Purpose of Disbursement								
RESEARCH SERVICES		L []	Amount of Each Disbursement this Period					
Candidate Name		Category/	346.78					
		Type	340.78					
	ement For:							
Senate President	Primary General							
State: District:	Other (specify) ▼							
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SUBTOTAL of Disbursements This Page (optional)			47556.85					
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	EMIZED DISBURSEMENTS	Use sepa	\ I	-	k only	ly one)										
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	Mailing Address PO BOX 7247-7090								06 25 2015							
	City S PHILADELPHIA	State PA	Zip Code 19170					Trans	acti	on ID	: SI	321B.	1212			
	Purpose of Disbursement	<u> </u>	19170			_										
	RESEARCH SERVICE						P	Amoun	t of	Each	Dist	ourser	ment 1	this F	Period	
	Candidate Name				itegoi Type	γ/			Ξ	,		,		250	.00	
	Office Sought: House Disburser Senate	nent For: Primary	General													
	President	Other (spec	cify) 🔻													
_	State: District:															
В.	Full Name (Last, First, Middle Initial) MEATH MEDIA GROUP							Date of	f Dis			nt				
	Mailing Address 4441 KLINGLE ST NW							M M			20	/ Y	20		Y	
	City S	State DC	Zip Code 20016					Trans	sacti	on ID) : SI	B21B.	.1101			
	Purpose of Disbursement		20010			_										
	MEDIA CONSULTING						A	Amoun	t of	Each	Dist	ourser	ment t	this f	Period	
	Candidate Name				tegoi Type	γ/			_	,		7	3	0000	0.00	
	Office Sought: House Disbursen Senate		General													
	President	Primary Other (spec														
	State: District:		•													
C.	Full Name (Last, First, Middle Initial) MOBILESPHERE LTD						[Date of	f Dis	burse	emer	nt				
	Moiling Address 7 FANELIII MARKETRI ACE							м = м	/	D 1	5	/ Y	20°		Υ	
	Mailing Address 7 FANEUIL MARKETPLACE 3RD FLOOR							00			J		20	13		
	•	State	Zip Code					Trans	acti	on ID	: SI	B21B.	.1253			
	BOSTON Purpose of Disbursement	MA	02109													
	CELL PHONES						A	Amoun	t of	Each	Dist	ourser	ment t	this F	Period	
	Candidate Name			Ca	itegoi Type	ry/				-				250	.00	
	Office Sought: House Disburser	nent For:			. , pc			_		7		7				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 119 OF							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b						
Any information copied from such Reports and Staten or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, R									
Full Name (Last, First, Middle Initial) A. NMBLC, LLC			Date of Disbursement						
Mailing Address 1349 S MAIN ST			04 28 2015						
CARTHAGE	State Zip Code MO 64836		Transaction ID : SB21B.I56						
Purpose of Disbursement WEB SERVICE			Amount of Each Disbursement this Period						
Candidate Name	,	Category/ Type	8359.00						
President	nent For: Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) B. NOOK WEB LLC			Date of Disbursement						
Mailing Address 2 N LASALLE ST 14TH FLOOR			05 28 2015						
City S CHICAGO Purpose of Disbursement	State Zip Code IL 60603		Transaction ID : SB21B.I110						
WEBSITE SERVICES			Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	4400.00						
	nent For: Primary General Other (specify) ▼								
Full Name (Last, First, Middle Initial) C. PELICAN HILL GOLF CLUB			Date of Disbursement						
Mailing Address 22701 S PELICAN HILL RD			05 27 2015						
NEWPORT BEACH	State Zip Code CA 92657		Transaction ID : SB21B.l97						
Purpose of Disbursement CATERING & VENUE RENTAL Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2500.00						
Office Sought: Senate President State: Disbursen	nent For: Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			15259.00						

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 120 OF							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b						
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, R									
Full Name (Last, First, Middle Initial) A. PELICAN HILL GOLF CLUB			Date of Disbursement						
Mailing Address 22701 S PELICAN HILL RD			05 27 2015						
City	State Zip Code		T // ID ODG/D IO						
NEWPORT BEACH Purpose of Disbursement	CA 92657		Transaction ID : SB21B.l98						
CATERING & VENUE RENTAL			Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	2500.00						
Senate President	nent For: Primary General Other (specify)								
State: District: Full Name (Last, First, Middle Initial)									
B. PLATINUM CIRCLE TECHNOLOG		Date of Disbursement							
Mailing Address PO BOX 4141									
ALPHARETTA	State Zip Code GA 30023		Transaction ID : SB21B.I68						
Purpose of Disbursement COMPUTER SUPPORT			Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	20000.00						
Office Sought: House Disburser	nent For: Primary General Other (specify)								
Full Name (Last, First, Middle Initial) C. RED D			Date of Disbursement						
Mailing Address PO BOX 12472			06 24 2015						
DENVER	State Zip Code CO 80212		Transaction ID : SB21B.I221						
Purpose of Disbursement FUNDRAISING CONSULTING Candidate Name		Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	21.5							
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			35000.00						

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	y information copied from such Reports and Staten for commercial purposes, other than using the nam									
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/	CONSERVATIVE, AUTHENTIC, R	ESPON	SIVE LEAD	ERSHIP FO	JR YOU	AND I	-OR A	MEK	ICA	
_	Full Name (Last, First, Middle Initial)									
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	Mailing Address PO BOX 12472				04	23		2015	· '	
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	City	State	Zip Code				2040 15	_		
	DENVER	CO	80212		Transact	ion iD : S	SB21B.I5	5		
	Purpose of Disbursement									
	FINANCE CONSULTING			1 11	Amount of	Each Di	sburseme	nt this	Period	
	Candidate Name			Category/				2507	5.00	
				Type		7	-	2587	5.00	
	Office Sought: House Disbursen									
		Primary	General							
	President	Other (spec	ify) 🔻							
	State: District:									
_	Full Name (Last, First, Middle Initial)									
В.	RIGHT STRATEGIES, LLC				Date of Di	sburseme	ent			
					M = M /	D D	/ Y	Y Y	Y	
	Mailing Address 3176 SUMMIT SQUARE DR, STE	B-10			06	15		2015		
	City	Ptoto .	Zin Codo							
	City S OAKTON	State VA	Zip Code 22124		Transact	ion ID : \$	SB21B.I2	23		
	Purpose of Disbursement	V /(22124							
	IT SUPPORT				Amount of	Each Di	sburseme	nt this	Period	
	Candidate Name			Cotogogy				-		
				Category/ Type				1500	0.00	
	Office Sought: House Disbursen	nent For:		71		,	,			
	Senate	Primary	General							
	President	Other (speci	ify) 🔻							
	State: District:									
	Full Name (Last, First, Middle Initial)									
C.	ROBSON COMMUNITIES, INC.				Date of Di	sburseme	ent			
					M M /	D D	/ Y	Y Y	Y	
	Mailing Address 9532 E RIGGS RD				05	13	J.L.	2015		
	,	State	Zip Code		Transact	ion ID : S	SB21B.10	0785		
	SUN LAKES	AZ	85248-7463							
	Purpose of Disbursement IN-KIND CONTRIBUTION									
	Candidate Name				Amount of	Each Di	sburseme	nt this	Period	
	Candidate Name			Category/	1806.05					
	Office Sought: House Disbursen	nent For:		Туре		7	7			
	Senate Dispulser	Primary	General		\/ALET C^	TEDINO	E005/5		VOE0	
	President	Other (speci			VALET, CA	IEKING	, гоор/В	EVERA	4GES	
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Mailing Address HICKMAN RD					05	20	2015				
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Purpose of Disbursement											
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B. SOUTHWEST AIRLINE	•				Date of D	isbursement					
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Mailing Address 2702 LOVE FIEL			06	11	2015						
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C. SPECTRUM MARKETI	ING COMP	MINIES			M M		/	V			
Mailing Address 95 EDDY RD					06	11	2015				
STE 101											
City		State	Zip Code		Transac	tion ID : SB21B	.1232				
MANCHESTER Purpose of Disbursement		NH	03102								
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Candidate Name				Cotaman	Amount of	f Each Disburse	ment this	reriod			
-				Category/ Type			11384	1.17			
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	Mailing Address 95 EDDY RD STE 101				03	30	_	2013	_
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	MANCHESTER	NH	03102		Transact	ion ID :	SB21B.I6		
	Purpose of Disbursement								
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	Candidate Name			Category/				96	5.00
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	OT REGIO BEEK VALLET				M = M /	D D	/ Y	YY	Y
	Mailing Address 2300 DEER VALLEY DR E				06	15	J. L.	2015	
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	PARK CITY Purpose of Disbursement	UT	84060						
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	Candidate Name			0:1::::::::::::::::::::::::::::::::::::	7 0.				
				Category/ Type				41	0.29
	Office Sought: House Disbursen	nent For:							
	Senate	Primary	General						
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C.	ST REGIS DEER VALLEY				Date of Di	sbursem	ent		
	Matter Address and DEED MALE EVEN DE				M M /	D D	/ Y	7 Y	Y
	Mailing Address 2300 DEER VALLEY DR E				06	12		2015	
	City S	State	Zip Code						
	-	UT	84060		Transact	ion ID :	SB21B.I2	47	
	Purpose of Disbursement								
	TRAVEL				Amount of	Each D	isburseme	ent this	Period
	Candidate Name			Category/				41	0.29
	Office Cought			Туре		7		71	5.25
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_	Full Name (Last, First, Middle Initial)												
Α.	SURGE RESOURCES, INC				Date of Dis	sburseme	nt						
	Matter Address and Castella DD				M M /	D D		Y	Y				
	Mailing Address 920 CANDIA RD				06	05	Ž	2015					
	City	State	Zip Code										
	MANCHESTER	NH	03109		Transacti	on ID : S	B21B.I15	6					
	Purpose of Disbursement		03103		_								
	PAYROLL REIMBURSEMENT				Amount of	Each Dis	bursemer	nt this	Period				
	Candidate Name			Cotosari									
				Category/ Type	L	m		3985	1.90				
	Office Sought: House Disbursen	nent For:	l	71-									
		Primary	General										
	President	Other (spec	eify) 🔻										
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	Full Name (Last, First, Middle Initial)												
В.	GENE G. CHANDLER				Date of Dis	burseme	nt						
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	Mailing Address BOX 296				06	05	2	2015					
	City	State	Zip Code		Transacti	on ID : S	B21B.I15	8					
	BARLETT	NH	03812					•					
	Purpose of Disbursement PAYROLL				A	F			Destant				
	Candidate Name				Amount of	Each Dis	bursemer	it this	Period				
	Candidate Name			Category/				85	3.85				
	Office Sought: House Disbursen	aant Fari		Туре		,	,						
			General		[MEMO ITE	-							
		Primary			SURGE RE	SOURCE	S 6/4						
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_	Full Name (Last, First, Middle Initial)				Date of Dis	churcama	nt						
U.	YVONNE M. DEAN-BAILEY												
	Mailing Address 363 1ST NH TURNPIKE				06	05		2015	Y				
	Mailing Address 505 151 NH TURNFIRE				00	03		-010					
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		NH	03261		Transacti	on ID : S	B21B.I15	9					
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	Candidate Name			Category/				00	2.00				
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	Office Sought: House Disbursen	nent For:			[MEMO ITE	M]							
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S	CHEDULE B (FEC Form 3X)				OR I	INF N	NUMBER				PAC	GE 125	5 OF 362
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam												
\setminus	NAME OF COMMITTEE (In Full)												
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٨	Full Name (Last, First, Middle Initial)						Date o	t Di	ahra				
A.	KATIE R. DELZELL						M N			emer		- Y - Y	/
	Mailing Address 1919 14TH ST NW SUITE #514						06	_	0)5	_	2015	
	City S WASHINGTON	State DC	Zip Code 20009				Trans	sacti	ion ID) : SE	321B.I	160	
	Purpose of Disbursement PAYROLL				_	\neg	Amour	nt of	Each	Disk	oursen	nent thi	s Period
	Candidate Name				itegory Type	//					-	23	807.69
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General		Турс		[MEMO		-	RCE	S 6/4		
	State: District:		•										
В.	Full Name (Last, First, Middle Initial) STEPHEN A. DEMAURA Mailing Address 125 CHANCERY RD						Date of		D	emer 05		2015	
	City S	State PA	Zip Code 19047				Tran	sact	ion ID) : SI	321B.	161	
	Purpose of Disbursement PAYROLL				-	7	Amour	nt of	Each	Disk	oursen	nent thi	s Period
	Candidate Name				itegory Type	//			7		- 7	36	592.31
	Office Sought: House Senate President State: Disbursen	nent For: Primary Other (spec	General □		<u>,,,</u>		[MEM		-	RCE	S 6/4		
<u> </u>	Full Name (Last, First, Middle Initial) MARY EARNHARDT						Date o		sburse	emer	nt		
	Mailing Address 6465 65TH PL STE 185						06	/	0)5	/ Y	2015	
	WEST DES MOINES Purpose of Disbursement								ion ID) : SI	321B.I	162	
	PAYROLL Candidate Name			Са	itegory Type	y/	Amour	nt of	Each	Disk	oursen		s Period
	Office Sought: House Senate President State: District:	nent For: Primary Other (spec	General ify) ▼		71.		[MEM(-	RCE	S 6/4		
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$ \Big angle$ CONSERVATIVE, AUTHENTIC, F	KESPONSIVE LEAD	DERSHIP F	OR YOU AND FOR AMERICA									
Full Name (Last, First, Middle Initial)												
A. AMY C FRAKES			Date of Disbursement									
			M M / D D / Y Y Y Y									
Mailing Address 405 W K ST			06 05 2015									
City	State Zip Code											
FOREST CITY	IA 50436		Transaction ID : SB21B.I163									
Purpose of Disbursement												
PAYROLL			Amount of Each Disbursement this Period									
Candidate Name		Category/	1153.85									
Office Sought: House Disburse	ment For:	Туре	INFINO ITEM									
Senate	Primary General		[MEMO ITEM] SURGE RESOURCES 6/4									
President	Other (specify) ▼		CONCENED ON T									
State: District:	•											
Full Name (Last, First, Middle Initial)												
B. NITSA C. IOANNIDES			Date of Disbursement									
Mailing Address 3 AVERY ST			06 05 2015									
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City	State Zip Code		Transaction ID : SB21B.I164									
PLYMOUTH	NH 03264		Transaction ib . Obz ib.ito-									
Purpose of Disbursement PAYROLL			Amount of Each Disbursement this Period									
Candidate Name		Cotomony	Attribute of East Planaraction that Ferrod									
		Category/ Type	1153.85									
Office Sought: House Disburse	ment For:	, , ,	[MEMO ITEM]									
Senate	Primary General		SURGE RESOURCES 6/4									
President State: District:	Other (specify)											
Full Name (Last, First, Middle Initial) C. KERRY L MARSH			Date of Disbursement									
OF REIGHT E MAROIT			M M / D D / Y Y Y Y									
Mailing Address 65 CLINTON ST			06 05 2015									
200	·											
City CONCORD	State Zip Code NH 03301		Transaction ID : SB21B.I165									
Purpose of Disbursement	00001											
PAYROLL			Amount of Each Disbursement this Period									
Candidate Name		Category/	4615.38									
Office Course		Туре	4013.36									
Office Sought: House Disburse Senate	ement For: Primary General		[MEMO ITEM]									
President	Other (specify)		SURGE RESOURCES 6/4									
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	Full Name (Last, First, Middle Initial)					Date of	f Dichu	rco	mon	+					
Λ.	CRAIG MURPHY					M M	/ [-		YY				
	Mailing Address 3701 KARALYN CT					06	J L	0	_	L	2015				
	,		Zip Code			Trans	action	ID	: SB	21B.I1	167				
	ARLINGTON Purpose of Disbursement	TX	76016												
	PAYROLL			Γ.	П	Amount of Each Disbursement this Period									
	Candidate Name			Catego	ry/			7			220	7 60			
	000			Туре			7	-	-	7	230	07.69			
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	President	Other (specify				SURGE	RESU	UK	CES	0/4					
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_	Full Name (Last, First, Middle Initial)					Data a	f Dialass								
В.	CHRISTY L. PAAVOLA					Date of	I DISDU		_		YY	V			
	Mailing Address 220 CENTURY PL #3109					06]	0	_	/ L	2015				
	City S ALEXANDRIA Purpose of Disbursement		Zip Code 22304			Trans	saction	ID	: SE	21B.I1	168				
	PAYROLL			T		Amoun	t of Ead	ch	Disb	ursem	ent this	Period			
	Candidate Name			Catego	rv/	-	1 1		-	-					
				Туре			- 7	-	-	7	288	34.62			
	Office Sought: House Disburser Senate President	nent For: Primary Other (specify	General /) ▼			[MEMO SURGE	-		RCES	6/4					
	State: District:														
_	Full Name (Last, First, Middle Initial) DANIELLE L. RIEGER					Date of	f Disbu	rse	men	t					
	Mailing Address 13 SILVESTRI CIR UNIT #23					06	/ [0	_	/ Y	2015	Y			
	•		Zip Code			Trans	saction	ID	: SB	21B.I	170				
	DERRY Purpose of Disbursement	NH	03038					_							
	PAYROLL				ш	Amoun	t of Fac	ch	Dish	ursem	ent this	Period			
	Candidate Name			Catego	ory/	7 tilloun	. 01 24	J.,	D100	4100111					
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	President	Other (specify				SURGE	: KESU	UK	CES	6/4					
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/	CONSERVATIVE, AUTHENTIC, R	ESPON	SIVE LEAL	EKSHIP FO	JR YUU	AND	FOR A	IVIER	ICA				
	Full Name (Last, First, Middle Initial)												
A.	PETER G. ROGERS				Date of Di	sbursem	ent						
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	Mailing Address 403 WAUCANDA RD				06	05	┚┕	2015					
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		State IA	Zip Code		Transaction ID : SB21B.I172								
	MARSHALL TOWN Purpose of Disbursement	IA .	50158										
	PAYROLL				Amount of	Fach D	ichurcama	ant thic	Pariod				
	Candidate Name				Amount of	Lacii D	isbui scinc	JIIL 11113	Toriou				
	Candidate Name			Category/ Type				55	3.85				
	Office Sought: House Disburser	nent For:		туре			7						
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	President	Other (spec			SURGE RE	SOURC	ES 0/4						
	State: District:	отпот (оро	y y / ₩										
_	Full Name (Last, First, Middle Initial)												
В.	LESLIE C. SHEDD				Date of Di	sbursem	ent						
	LEGEIE G. GITEDD				M M /	D D	/ V	Y	V				
	Mailing Address 70 I ST SE				06	05		2015	- '				
	#1118												
	City	State	Zip Code		Transact	ion ID :	SB21B.I1	72					
	WASHINGTON	DC	20003		Hallsaci	. טו ווטו.	36216.11	13					
	Purpose of Disbursement PAYROLL												
					Amount of	Each D	isburseme	ent this	Period				
	Candidate Name			Category/				346	1.54				
				Type		7	7	010	11.04				
	Office Sought: House Disbursen				[MEMO IT	-							
		Primary	General		SURGE RE	ESOURC	ES 6/4						
	President State: District:	Other (spec	ony) 🔻										
_													
_	Full Name (Last, First, Middle Initial)				Date of Di	churcom	ont						
C.	THOMAS A. SZOLD												
	Mailing Address 4530 CONNECTICUT AVE NW				06	05	/ Y	2015	Y				
	#705				00	03	-	2013	_				
		State	Zip Code										
	•	DC	20008		Transact	ion ID :	SB21B.I1	75					
	Purpose of Disbursement												
	PAYROLL			1	Amount of	Each D	isburseme	ent this	Period				
	Candidate Name			Category/	2000 04								
				Type		,		369	2.31				
	Office Sought: House Disburser	nent For:			[MEMO IT	EM]							
	Senate	Primary	General		SURGE RE	-	ES 6/4						
	President	Other (spec	cify) 🔻										
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		LOFON	SIVL LLAL	LINGHIE		ND I ON AWILINICA							
_	Full Name (Last, First, Middle Initial)												
Α.	ANNA K. TARNAWSKI				Date of Disbu	rsement							
	Mark Add Control of the Control of t) D / Y Y Y Y							
	Mailing Address 401 12TH ST S				06	05 2015							
	APT #522	State	Zip Code										
	ARLINGTON	VA	22202		Transaction	ID: SB21B.I177							
	Purpose of Disbursement		72202		_								
	PAYROLL				Amount of Ea	ch Disbursement this Period							
	Candidate Name			0.1									
				Category/ Type		1846.15							
	Office Sought: House Disbursen	nent For:	l	71	[MEMO ITEM]								
	Senate	Primary	General		SURGE RESO								
	President	Other (spec	cify) 🔻		CONCE RECO	31.020 0, 1							
	State: District:												
	Full Name (Last, First, Middle Initial)												
В.	SURGE RESOURCES, INC				Date of Disbu	rsement							
					M M /	D D / Y Y Y Y							
	Mailing Address 920 CANDIA RD				06	05 2015							
	City	State	Zip Code		ID : SB21B.I157								
	MANCHESTER	NH	03109										
	Purpose of Disbursement PAYROLL TAXES				A	ala Dialassa anno 18 Maig Basila d							
	Candidate Name				Amount of Ea	ch Disbursement this Period							
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	Office Sought: House Disbursen	ant For		Туре									
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_	Full Name (Last, First, Middle Initial)												
C	SURGE RESOURCES, INC				Date of Disbu	rsement							
٠.	SUNGE RESOURCES, INC												
	Mailing Address 920 CANDIA RD				06	01 2015							
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	Candidate Name			Category/	700 5 4								
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	President	Other (specify)	7								
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_	Full Name (Last, First, Middle Initial)										
В.	KERRY L MARSH				Date of Dis	sburseme					
	Mailing Address 65 CLINTON ST				04 /	10	/ Y	2015	Y		
	Mailing Address 65 CLINTON ST				04	10		2013			
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	Purpose of Disbursement PAYROLL		- 1		A a	C D:			Daviad		
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	Office Sought: House Disbursen	nent For:		Турс	IMEMO ITI	-N41	,				
		Primary	General		[MEMO ITE SURGE RE	-	FS 4/10				
	President	Other (specify)	7		00.102.11		_0 .,.0				
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C.	SURGE RESOURCES, INC				Date of Dis	sburseme	ent				
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	Full Name (Last, First, Middle Initial)					7 (1 1 2		. / 111	VIII.	
Α.	SURGE RESOURCES, INC				Date of Di		ment	V	Y	V
	Mailing Address 920 CANDIA RD				04	1			015	
	MANCHESTER	State Zip Cod NH 03109	le		Transact	ion ID	: SB21	B.I32		
	Purpose of Disbursement PAYROLL TAXES AND PROCESSING				Amount of	Each	Disburs	semen	t this	Period
	Candidate Name			Category/ Type		,			35	5.17
	Office Sought: House Disbursen Senate President		neral		[MEMO ITI SURGE RE	-	RCES 4/	/10		
_	State: District: Full Name (Last, First, Middle Initial)									
В.	SURGE RESOURCES, INC				Date of Di		ment	Y	Y	Y
	Mailing Address 920 CANDIA RD				06	1	8	_ 2	2015	
	MANCHESTER	State Zip Cod NH 03109	le		Transact	ion ID	: SB21	B.I26	6	
	Purpose of Disbursement PAYROLL		[Amount of	Each	Disburs	semen	t this	Period
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	Office Sought: House Disbursen Senate President		neral							
_	State: District: Full Name (Last, First, Middle Initial)									
C.	SAMANTHA C. BONSACK				Date of Di	sburse		Y	Y	Υ
	Mailing Address 704 OLD ASBURY RD				06	1	6	_ 2	015	
	,	State Zip Cod SC 29625	le		Transact	ion ID	: SB21	B.I27	7	
	PAYROLL Candidate Name			Category/	Amount of	Each	Disburs	semen		Period 6.16
	Office Sought: House Disbursen Senate President		neral	Type	[MEMO ITI SURGE 6/1	-				
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A.	DEIRDRE CARSON				Date of D	isburser	nent							
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	Mailing Address 19 TOKANEL DR				06	16	<u> </u>	2015						
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	,	State	Zip Code		Transac	tion ID :	SB21B.	1278						
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		Primary	General		[MEMO IT	-								
	President	Other (speci			SURGE 6/	18								
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	GLINE G. CHAINDLEIN				M M / D D / Y Y Y Y									
	Mailing Address BOX 296				06	16		2015	- 1					
	BOX 200				4.4			, = 0, 0	_					
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	Purpose of Disbursement													
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	Candidate Name			Category/				134	53.85					
				Type		7	7	100	33.03					
	Office Sought: House Disbursen				[MEMO I	EM]								
		Primary	General		SURGE 6	18								
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_	State: District:													
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C.	YVONNE M. DEAN-BAILEY				Date of D	ispuisei	neni							
	Mailing Address 200 40T NILL TURNIBUSE				м - м 06	16		2015	Y					
	Mailing Address 363 1ST NH TURNPIKE				00	10		2013						
	City	State	Zip Code											
		NH	03261		Transac	tion ID :	SB21B.	1280						
	Purpose of Disbursement													
	PAYROLL			1	Amount o	f Each [Disburser	nent this	Period					
	Candidate Name			Category/	1,000									
				Type		7	- 7	140	3.85					
	Office Sought: House Disburser	nent For:			[MEMO IT	EM]								
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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 133 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	24 25 26						
	Detailed Summary Page	27	22 23 28a 28b	28c 29 30b					
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NAME OF COMMITTEE (In Full)	ime and address of any political	ai committee to	Solicit Contribution	s from such committee.					
CONSERVATIVE, AUTHENTIC, I	RESPONSIVE LEADE	ERSHIP F	OR YOU ANI	O FOR AMERICA					
Full Name (Last, First, Middle Initial) A. KATIE R. DELZELL			Date of Disburs	ement					
ATTE K. DELZELL									
Mailing Address 1919 14TH ST NW SUITE #514			06	16 2015					
City	State Zip Code		Transaction II) · SR21R I281					
WASHINGTON Purpose of Disbursement	DC 20009		Transaction is	7. 3D21B.1201					
PAYROLL			Amount of Each	Disbursement this Period					
Candidate Name		Category/		2307.69					
Office Sought: House Disburse	ement For:	Type	IMENO ITEM	2007.00					
Senate	Primary General		[MEMO ITEM] SURGE 6/18						
President State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
B. STEPHEN A. DEMAURA			Date of Disburs	ement					
Moiling Address 405 QUANQEDY DD				16 2015					
Mailing Address 125 CHANCERY RD			00	16 2015					
City LANGHORNE	State Zip Code PA 19047		Transaction II	D : SB21B.I282					
Purpose of Disbursement	17047								
PAYROLL Candidate Name			Amount of Each	Disbursement this Period					
Candidate Name		Category/ Type		3692.31					
Office Sought: House Disburse	ement For:	71	[MEMO ITEM]	,					
Senate President	Primary General Other (specify) ▼		SURGE 6/18						
State: District:	Other (openity)								
Full Name (Last, First, Middle Initial)			5						
C. MARY EARNHARDT			Date of Disburs	ement / Y Y Y Y Y					
Mailing Address 6465 65TH PL				2015					
STE 185 City	State Zip Code								
WEST DES MOINES	IA 50266		Transaction II	D : SB21B.l283					
Purpose of Disbursement PAYROLL			American of Food	Disbursement this Period					
Candidate Name		Category/	Amount of Each						
000		Туре		3692.31					
Office Sought: House Disburse Senate	ement For: Primary General		[MEMO ITEM] SURGE 6/18						
President	Other (specify) ▼		00110E 0/10						
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Α.	Full Name (Last, First, Middle Initial) AMY C FRAKES						Date of	of Dis	sburse	ement							
	Mailing Address 405 W K ST						06	/	1	D /		2015	Υ				
	City S	State IA	Zip Code 50436			Transaction ID : SB21B.l284											
	Purpose of Disbursement PAYROLL		30430	_	Amount of Each Disbursement this Period												
	Candidate Name		Cate	egor /pe	y/	-	-	-	-		140	3.85	٦				
	Office Sought: House Disburser Senate President	Senate Primary Ger					[MEM SURG		-		1403.85						
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В.							Date of		sburse			Y	V				
	Mailing Address 3 AVERY ST						06	_		6		2015					
	PLYMOUTH	State NH	Zip Code 03264				Tran	sact	ion ID	: SB2	IB.I28	5					
	Purpose of Disbursement PAYROLL			П	Ī		Amou	nt of	Each	Disbur	semer	nt this	Perio	d			
	Candidate Name			Cate	egor /pe	γ/		140	3.85								
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General	neral [MEMO ITEM] SURGE 6/18													
_	State: District: Full Name (Last, First, Middle Initial)																
C.	KERRY L MARSH						Date of					y II y	V				
	Mailing Address 65 CLINTON ST						06	/	1	6		2015					
	CONCORD	State NH	Zip Code 03301				Tran	sact	ion ID	: SB21	B.I28	6					
	Purpose of Disbursement PAYROLL				Amount of Each Disbursemen ategory/ Type							nt this	Perio	d			
	Candidate Name											461	5.38				
	Office Sought: House Senate President State: Disburser Senate President	nent For: Primary Other (spe	General cify) ▼				[MEM SURG		-								
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\setminus	NAME OF COMMITTEE (In Full)													
	CONSERVATIVE, AUTHENTIC, R	ESPONSIVE LEA	DERS	SHIP F	OR YOU AND FOR AMERICA									
_	Full Name (Last, First, Middle Initial)				Data of	D:-I								
A.	THOMAS MERCADO				Date of Disbursement									
	Mailing Address 315 RIVERSIDE CHASE CIR	Charles 7::- Coada			06 16 2015									
	City S GREER	State Zip Code SC 29650			Transaction ID : SB21B.I287									
	Purpose of Disbursement	20000												
	PAYROLL				Amount	of Each	Disbur	semen	t this	Period				
	Candidate Name			tegory/ Type		-,		,	138	4.62				
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	•		[MEMO SURGE	-								
	State: District:													
В.	Full Name (Last, First, Middle Initial) CRAIG MURPHY Mailing Address 3701 KARALYN CT				Date of	/ D	ement		2015	Y				
	City S	State Zip Code TX 76016			Transa	ction IE) : SB21	IB.128	B					
	Purpose of Disbursement PAYROLL	70010		$\overline{}$	mount of Each Disbursement this Period									
	Candidate Name			tegory/ Type					230	7.69				
	Office Sought: House Disbursen	nent For: Primary General Other (specify)			[MEMO SURGE	-								
- С.	Full Name (Last, First, Middle Initial) CHRISTY L. PAAVOLA				Date of	Disburse	ement							
	Mailing Address 220 CENTURY PL #3109				06	/ D	6		015	Y				
	,	State Zip Code VA 22304			Transa	ction ID) : SB21	B.I290	0					
	PAYROLL Candidate Name		Ca	tegory/	Amount of Each Disbursement this Perio									
	Office Sought: House Disburser	mont For:		Гуре		- 5			_50					
	Senate President	Primary General Other (specify) ▼			[MEMO SURGE	-								
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	24 25 26	
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NAME OF COMMITTEE (In Full)	no and address of any point		Solicit Contributions 1	Tom Such Committee.
CONSERVATIVE, AUTHENTIC, R	ESPONSIVE LEAD	ERSHIP F	OR YOU AND	FOR AMERICA
Full Name (Last, First, Middle Initial) A. DANIELLE L. RIEGER			Date of Disbursem	ent
			M M / D D	/
Mailing Address 13 SILVESTRI CIR UNIT #23			06 16	2015
	State Zip Code		Transaction ID :	CD24D I200
DERRY Purpose of Disbursement	NH 03038		Transaction iD .	3D2 D.1209
PAYROLL			Amount of Each D	isbursement this Period
Candidate Name		Category/		1403.85
Office Sought: House Disburse	ment For:	Type		1403.00
Senate Stagni.	Primary General		[MEMO ITEM] SURGE 6/18	
President	Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
B. PETER G. ROGERS			Date of Disbursem	ent
Mailian Address (COMMISSION DE			M = M / D = D	
Mailing Address 403 WAUCANDA RD			06 16	2015
City MARSHALL TOWN	State Zip Code IA 50158		Transaction ID :	SB21B.I291
Purpose of Disbursement	IA 50156			
PAYROLL Candidate Name			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		1634.62
Office Sought: House Disburse	ment For:	.) -	[MEMO ITEM]	,
Senate President	Primary General Other (specify) ▼		SURGE 6/18	
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. LESLIE C. SHEDD			Date of Disbursem	_
Mailing Address 70 I ST SE			06 16	2015
#1118 City	State Zip Code			
WASHINGTON	DC 20003		Transaction ID :	SB21B.I292
Purpose of Disbursement PAYROLL				
Candidate Name		Category/	Amount of Each D	isbursement this Period
		Туре		3461.54
Office Sought: House Disburser Senate	ment For: Primary General		[MEMO ITEM]	
President	Other (specify) ▼		SURGE 6/18	
State: District:				
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ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER.
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	Detailed Summary Page	27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	and address of any point		
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$ \hspace{.1cm} angle$ CONSERVATIVE, AUTHENTIC, I	KESPONSIVE LEAL	JEKSHIP F	OR YOU AND FOR AMERICA
Full Name (Last, First, Middle Initial)			
A. THOMAS A. SZOLD			Date of Disbursement
1110101/10 / 1. 02025			M M / D D / Y Y Y
Mailing Address 4530 CONNECTICUT AVE NW			06 16 2015
#705			
City	State Zip Code		Transaction ID : SB21B.I293
WASHINGTON	DC 20008		Transaction ID . 3B2TB.1293
Purpose of Disbursement PAYROLL			
			Amount of Each Disbursement this Period
Candidate Name		Category/	3692.31
		Туре	3032.31
	ement For:		[MEMO ITEM]
Senate	Primary General		SURGE 6/18
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			D 1 (D)
B. ANNA K. TARNAWSKI			Date of Disbursement
Markey Adalasa a sanaga a			M M / D D / Y Y Y Y
Mailing Address 401 12TH ST S APT #522			06 16 2015
City	State Zip Code		
ARLINGTON	VA 22202		Transaction ID : SB21B.I298
Purpose of Disbursement			
PAYROLL		' '	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1846.15
Office Sought: House Disburse	ement For:		[MEMO ITEM]
Senate	Primary General		SURGE 6/18
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
C. SURGE RESOURCES, INC			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 920 CANDIA RD			06 16 2015
	_		
City	State Zip Code		Transaction ID : SB21B.I276
MANCHESTER Purpose of Disbursement	NH 03109		
PAYROLL TAXES			
Candidate Name			Amount of Each Disbursement this Period
Candidate Hame		Category/	5476.98
Office Sought: House Disburse	ement For:	Туре	
Senate Sought.	Primary General		[MEMO ITEM]
President	Other (specify)		SURGE 6/18
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\angle	Full Name (Last, First, Middle Initial)												
A.	SURGE RESOURCES, INC				Date of Disbursement								
	Mailing Address 920 CANDIA RD				06 16 YYYYY 2015								
	City S MANCHESTER		Zip Code 03109		Transaction ID : SB21B.I295								
	Purpose of Disbursement PAYROLL				Amount	of Each	Disburs	sement	t this	Period			
	Candidate Name			Category/ Type					709	0.54			
	Office Sought: House Senate President Disburser	nent For: Primary [Other (specify	General		[MEMO SURGE	-							
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В.	,				Date of	Disburse	ement	Y Y	Y	Y			
	Mailing Address 920 CANDIA RD				04 23 2015								
	MANCHESTER		Zip Code 03109		Transa	action ID	: SB21	B.182					
	Purpose of Disbursement PAYROLL REIMBURSEMENT				Amount	of Each	Disburs	sement	t this	Period			
	Candidate Name			Category/ Type		,			2610	0.27			
	Office Sought: House Disburser Senate President	nent For: Primary [Other (specify	General										
_	State: District: Full Name (Last, First, Middle Initial)							—					
C.	STEPHEN A. DEMAURA				Date of	Disburse		V V	ı Y	V			
	Mailing Address 125 CHANCERY RD				04		4		015				
	City S LANGHORNE Purpose of Disbursement		Zip Code 19047		Transa	action ID	: SB21	B.I116	5				
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	Office Sought: House Senate President State: Disburser	nent For: Primary Other (specify	General	Type	[MEMO SURGE	-	RCES 4/	/23		لت			
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Full Name (Last, First, Middle Initial)										
A. MARY EARNHARDT			Date of Disbursement							
Mailing Address CACE CETTLIN			04 24 2015							
Mailing Address 6465 65TH PL STE 185			04 24 2015							
	State Zip Code									
WEST DES MOINES	IA 50266		Transaction ID : SB21B.I117							
Purpose of Disbursement										
PAYROLL			Amount of Each Disbursement this Period							
Candidate Name		Category/	3692.31							
Office County House	e Sought: House Disbursement For:									
Office Sought: House Disburse Senate			[MEMO ITEM]							
President	Primary General Other (specify) ▼		SURGE RESOURCES 4/23							
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)										
B. KERRY L MARSH			Date of Disbursement							
RERRY E WAR COLL			M = M / D = D / Y = Y = Y							
Mailing Address 65 CLINTON ST			06 24 2015							
City	State Zip Code		Transaction ID : SB21B.I118							
CONCORD Purpose of Disbursement	NH 03301									
PAYROLL			Amount of Each Disbursement this Period							
Candidate Name			Autount of Each Bloodrooment tille 1 ends							
		Category/ Type	4615.38							
Office Sought: House Disburse	ment For:	.,,,,,	[MEMO ITEM]							
Senate	Primary General		SURGE RESOURCES 4/23							
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)										
C. CRAIG MURPHY			Date of Disbursement							
			M M / D D / Y Y Y Y Y							
Mailing Address 3701 KARALYN CT			06 24 2015							
City	State Zip Code									
ARLINGTON	TX 76016		Transaction ID : SB21B.I119							
Purpose of Disbursement										
PAYROLL		L II	Amount of Each Disbursement this Period							
Candidate Name		Category/	2307.69							
Office Occupies		Туре	2307.09							
	ment For:		[MEMO ITEM]							
Senate President	Primary General		SURGE RESOURCES 4/23							
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A.	CHRISTY L. PAAVOLA				Date of Disbursement										
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	Mailing Address 220 CENTURY PL				04	24		2015	.						
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	City	State	Zip Code		Transa	tion ID	SB21B.	1120							
	ALEXANDRIA	VA	22304		ITAIISA	לוויוויווי	. 30210.	1120							
	Purpose of Disbursement PAYROLL														
					Amount of Each Disbursement this Period										
	Candidate Name			Category/				288	34.62						
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	Office Sought: House Disburser				[MEMO I	-									
	President	Senate Primary General				ESOUR	CES 4/23	3							
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D	Full Name (Last, First, Middle Initial)				Date of I	Nichuroo	mont								
В.	THOMAS A. SZOLD				Date of L										
	Mailing Address 4520 CONNECTION T AVE NIM				04	/ 0		2015	Y						
	Mailing Address 4530 CONNECTICUT AVE NW #705	#705					04 24 2015								
		State	Zip Code												
	WASHINGTON	DC	20008		Transa	ction ID	: SB21B.	.1121							
	Purpose of Disbursement														
	PAYROLL				Amount of	f Each I	Disbursei	ment this	Period						
	Candidate Name			Category/				000	20.01						
				Type		7	7	369	92.31						
	Office Sought: House Disbursen	nent For:			[MEMO I	TEM]									
	Senate	Primary	General		SURGE F	-	CES 4/2	3							
		Other (spec	cify) 🔻												
_	State: District:														
	Full Name (Last, First, Middle Initial)														
C.	ANNA K. TARNAWSKI				Date of I	Disburser	ment								
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	Mailing Address 401 12TH ST S				04	24		2015							
	APT #522	21-1-	Zin Code												
	City S ARLINGTON	State VA	Zip Code 22202		Transa	tion ID	: SB21B.	.l122							
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	Office Sought: House Disburser	nent For:		, , , , , , , , , , , , , , , , , , ,	[MEMO I	remi	- 7								
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_	Full Name (Last, First, Middle Initial)												
A.	SURGE RESOURCES, INC				Date of Disbursement								
	Mailing Address 920 CANDIA RD				06	24	┚┕	2015					
	211												
	,	State	Zip Code		Transac	ion ID :	SB21B.I1:	23					
	MANCHESTER Purpose of Disbursement	NH	03109										
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	Candidate Name				Amount of	Lacii D	isbuiseille	111 11115	renou				
	Candidate Name			Category/				328	8.80				
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		Primary	General		[MEMO IT	-	TO 4/00						
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В.					Date of D	isbursem	ent						
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	Mailing Address 920 CANDIA RD				04	24		2015	- '				
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	City	State	Zip Code		Transac	tion ID :	SB21B.I2	06					
	MANCHESTER	NH	03109		Hallsac	. עו ווטוו	36216.12	90					
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		Primary	General		SURGE 4/	23							
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C	Full Name (Last, First, Middle Initial)				Date of D	ishursem	ent						
٠.	SURGE RESOURCES, INC												
	Mailing Address 920 CANDIA RD				04	29	/ Y	y y 2015	" Y				
	Maining Address 520 CANDIA ND				<u>.</u>								
	City	State	Zip Code		T-0	tion ID	CD04D IO	•					
		NH	03109		iransac	: עו ווטוו	SB21B.I8	J					
	Purpose of Disbursement PAYROLL REIMBURSEMENT												
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	Candidate Name			Category/				305	6.54				
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	Office Sought: House Disbursem												
		Primary	General										
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_	Full Name (Last, First, Middle Initial)													
A.	LESLIE C. SHEDD				Date of Disbursement									
					M M / D D / Y Y Y									
	Mailing Address 70 I ST SE				04	27	11.	2015						
	#1118													
		State	Zip Code		Transact	ion ID ·	SB21B.I1	26						
	WASHINGTON	DC	20003		Transact	.0	05215							
	Purpose of Disbursement PAYROLL				A	F D	·	sbursement this Period						
	Candidate Name				Amount of	Each D	usburseme	ent this	Period					
	Candidate Name			Category/				346	1.54					
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	President		SURGE RE	SOURC	CES 4/29									
	State: District:	Other (spec	Sily) \											
_	Full Name (Last, First, Middle Initial)													
В.					Date of Di	shursem	nent							
٠.	SUNGE RESOURCES, INC				Date 0: D.			Y	V					
	Mailing Address 920 CANDIA RD				04	27	'	2015	- Y					
	JZO OANDIA ND				4.									
	City	State	Zip Code		Transact	ion ID :	CD24D I4	25						
	MANCHESTER	NH	03109		Transact	ion iD :	SB21B.I1	25						
	Purpose of Disbursement PAYROLL TAXES													
					Amount of	Each D	isburseme	ent this	Period					
	Candidate Name			Category/				40	5.00					
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	Office Sought: House Disbursen				[MEMO IT	-								
		Primary	General		SURGE RE	SOURC	CES 4/29							
	President State: District:	Other (spec	ony) 🔻											
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_	Full Name (Last, First, Middle Initial)				Date of Di	oburoom	aont							
C.	SURGE RESOURCES, INC				Date of Di	Spuiseii								
	Mailing Address 920 CANDIA RD				05	07	/ Y	2015	Y					
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		NH	03109		Transact	ion ID :	SB21B.I9	1						
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	Candidate Name			Category/		-		04.45	0.00					
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	Office Sought: House Disburser	nent For:												
	Senate Prima		General											
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A.	KATIE R. DELZELL				Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement												
	Mailing Address 1919 14TH ST NW SUITE #514																
	City S WASHINGTON	State DC	Zip Code 20009		Transa	ction ID	: SB21I	B.I129									
	Purpose of Disbursement PAYROLL				Amount of Each Disbursement this Period												
	Candidate Name			لبسيا	Amount	of Each	Disburs	ement t	nis Period								
				Category/ Type		,			1153.85								
	Office Sought: House Senate President Disburser	nent For: Primary Other (specif	General v) ▼		[MEMO SURGE	-	RCES 5/	7									
	State: District:		· •														
В.	Full Name (Last, First, Middle Initial) STEPHEN A. DEMAURA Mailing Address 125 CHANCERY RD				Date of	/ D	ement	y y 20°	Y Y Y								
	City	State	Zip Code														
	LANGHORNE	PA	2ip Code 19047		Transa	ction ID	: SB21	B.I130									
	Purpose of Disbursement PAYROLL			· · · ·	Amount	of Each	Disburs	ement t	his Period								
	Candidate Name			Category/ Type		-,			3692.31								
	Office Sought: House Senate President State: Disburser	nent For: Primary Other (specif	General y) ▼		[MEMO SURGE	VI] COURCES 5/7											
- с.	Full Name (Last, First, Middle Initial) MARY EARNHARDT				Date of	Disburse	ement										
	Mailing Address 6465 65TH PL STE 185				05	/ D	8	201	5								
	City SWEST DES MOINES Purpose of Disbursement	State IA	Zip Code 50266		Transa	ction ID) : SB21	B.I131									
	PAYROLL Candidate Name	L .						Amount of Each Disbursement this Period									
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	Office Sought: House Disburser Senate President	nent For: Primary Other (specif	General y) ▼		[MEMO SURGE	-	RCES 5/	7									
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│ 〉 CONSERVATIVE, AUTHENTIC,	RESPONSIVE LEADE	RSHIP FOR YOU AND FOR AMERICA
<u> </u>		
Full Name (Last, First, Middle Initial)		Date of Disbursement
A. KERRY L MARSH		
Mailing Address 65 CLINTON ST		05 08 2015
Ş		
City	State Zip Code	Transaction ID : SB21B.I132
CONCORD	NH 03301	Transaction ib . 362 fb.1132
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period
Candidate Name		
Candidate Hame		Category/ Type 4615.38
Office Sought: House Disbu	rsement For:	[MEMO ITEM]
Senate	Primary General	SURGE RESOURCES 5/7
President	Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial)		
B. CRAIG MURPHY		Date of Disbursement
Mailing Address and MARALINA OF		M = M / D = D / Y = Y = Y
Mailing Address 3701 KARALYN CT		05 08 2015
City	State Zip Code	Transportion ID - CD04D 1400
ARLINGTON	TX 76016	Transaction ID : SB21B.I133
Purpose of Disbursement PAYROLL		Annual (5) 50)
Candidate Name		Amount of Each Disbursement this Period
Candidate Ivaille		Category/ 2307.69
Office Sought: House Disbu	rsement For:	Type 2507.00
Senate	Primary General	[MEMO ITEM] SURGE RESOURCES 5/7
President	Other (specify) ▼	SOME RESOURCES SIT
State: District:		
Full Name (Last, First, Middle Initial)		
C. CHRISTY L. PAAVOLA		Date of Disbursement
Matter Address		M M / D D / Y Y Y Y Y
Mailing Address 220 CENTURY PL #3109		05 08 2015
City	State Zip Code	
ALEXANDRIA	VA 22304	Transaction ID : SB21B.I134
Purpose of Disbursement PAYROLL		
		Amount of Each Disbursement this Period
Candidate Name		Category/ 2884.62
Office Sought: House Disbu	rsement For:	Type
Senate	Primary General	[MEMO ITEM]
President	Other (specify)	SURGE RESOURCES 5/7
State: District:		
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^	Full Name (Last, First, Middle Initial)			Date of Disbursement							
A.	LESLIE C. SHEDD			M M / D D / Y Y Y Y							
	Mailing Address 70 I ST SE #1118	7: 0 1		05 08 2015							
	WASHINGTON	State Zip Code DC 20003		Transaction ID : SB21B.I135							
	Purpose of Disbursement PAYROLL			Amount of Each Disbursement this Period							
	Candidate Name		Category/ Type		3461.54	1					
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	71.	[MEMO ITEM] SURGE RESOURCES 5/	/7						
	State: District:										
В.				Date of Disbursement O5 08	2015						
	Mailing Address 4530 CONNECTICUT AVE NW #705	Oleke Zin Oleke		03 08	2015						
	City S WASHINGTON Purpose of Disbursement	State Zip Code DC 20008		Transaction ID : SB21	B.I136						
	PAYROLL			Amount of Each Disbursement this Period							
	Candidate Name		Category/ Type		3692.31						
	Office Sought: House Disbursen	nent For: Primary General Other (specify)		[MEMO ITEM] SURGE RESOURCES 5	/7						
<u> </u>	Full Name (Last, First, Middle Initial) ANNA K. TARNAWSKI			Date of Disbursement							
	Mailing Address 401 12TH ST S APT #522			05 08	2015						
	,	State Zip Code VA 22202		Transaction ID : SB21	B.I137						
	PAYROLL Candidate Name		Category/ Type	Amount of Each Disbursement this Period							
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	.,,,,	[MEMO ITEM] SURGE RESOURCES 5/7							
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C.	MARY EARNHARDT				Date of Disbursement							
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Α.	AMY C FRAKES				Date of Di		ement	V V	Y	V				
	Mailing Address 405 W K ST				05 22 2015									
	FOREST CITY		Code 436		Transaction ID : SB21B.I144									
	Purpose of Disbursement PAYROLL				Amount of Each Disbursement this Period									
	Candidate Name			Category/ Type		7	,		1403	3.85				
	Office Sought: House Disbursen Senate President	nent For: Primary Other (specify)	General	,,	[MEMO IT SURGE RE	-	RCES 5/	21						
_	State: District:		•											
В.	Full Name (Last, First, Middle Initial) KERRY L MARSH				Date of Di	D	D /		Y .	Y				
	Mailing Address 65 CLINTON ST				05 22 2015									
	City S CONCORD Purpose of Disbursement		Code 301		Transac	tion ID	: SB21	B.I145						
	PAYROLL		[Amount of	Each	n Disbursement this Period							
	Candidate Name			Category/ Type		,			461	5.38				
	President	nent For: Primary Other (specify)	General ▼		[MEMO IT SURGE RI	-	RCES 5/	21						
_	State: District: Full Name (Last, First, Middle Initial)													
C.	CRAIG MURPHY				Date of Di	isburse		Y	Y	Y				
	Mailing Address 3701 KARALYN CT				05	2	2	_ 20)15					
	City S ARLINGTON Purpose of Disbursement		Code 016		Transac	tion ID	: SB21	B.I147						
	PAYROLL Candidate Name			Category/ Type	Amount of	Each	Disburs	ement	this					
	Office Sought: House Disbursen Senate President State: District:	nent For: Primary Other (specify)	General ▼	1,460	[MEMO IT SURGE RE	-	RCES 5/	21						
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_	Full Name (Last, First, Middle Initial)												
Α.	CHRISTY L. PAAVOLA				Date of Dis	sbursem	ent						
	A III				M = M /	D D	/ Y	Y Y	Y				
	Mailing Address 220 CENTURY PL				05 22 2015								
	#3109 City S	State	Zip Code										
	ALEXANDRIA	VA	22304		Transact	ion ID : \$	SB21B.I14	48					
	Purpose of Disbursement		22304										
	PAYROLL				Amount of	Each Di	sburseme	nt this	Period				
	Candidate Name			Cotogony	1.0			-					
				Category/ Type	L	(B) I	1 (0) 1	288	4.62				
	Office Sought: House Disbursen	nent For:		71	[MEMO ITE	- -M1	,						
	Senate	Primary	General		SURGE RE	-	FS 5/21						
	President	Other (spec	cify) 🔻										
	State: District:												
	Full Name (Last, First, Middle Initial)												
В.	LESLIE C. SHEDD				Date of Dis	sbursem	ent						
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	Mailing Address 70 I ST SE				05	22	J L.	2015					
	#1118												
	•	State	Zip Code		Transact	ion ID :	SB21B.I1	50					
	WASHINGTON Purpose of Disbursement	DC	20003										
	PAYROLL				Amount of	Fach Di	ishurseme	nt this	Period				
	Candidate Name				7 tillount of		1 01100						
	Carradate Name			Category/ Type	346								
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		Primary	General		[MEMO ITI SURGE RE	-	ES 5/21						
		Other (spec			SONGE INL	.SOURC	,LO 3/21						
	State: District:	\	3, V										
_	Full Name (Last, First, Middle Initial)												
C.	THOMAS A. SZOLD				Date of Dis	sbursem	ent						
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	Mailing Address 4530 CONNECTICUT AVE NW				05	22	Ш.	2015	.				
	#705												
	,	State	Zip Code		Transact	ion ID :	SB21B.I1	52					
		DC	20008										
	Purpose of Disbursement PAYROLL												
	Candidate Name				Amount of	Each Di	sburseme	nt this	Period				
	Canadato Hamo			Category/				369	2.31				
	Office Sought: House Disbursen	nent For:		Type	[MEMO ITEM] SURGE RESOURCES 5/21								
	Senate Dispulser	Primary	General										
		Other (spec			SURGE RESOURCES 5/21								
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CONSERVATIVE, AUTHENTIC, I	RESPONSIVE LEAD	ERSHIP F	OR YOU AND	FOR AMERICA					
Full Name (Last, First, Middle Initial) A. ANNA K. TARNAWSKI			Date of Disburse	ement					
- ANNA K. TAKNAWSKI			M = M / D = D / Y = Y = Y						
Mailing Address 401 12TH ST S APT #522			05 22 2015						
City	State Zip Code		Transaction ID	· SD21B I454					
ARLINGTON Purpose of Disbursement	VA 22202		Transaction iD	. 36216.1134					
PAYROLL			Amount of Each	Disbursement this Period					
Candidate Name		Category/		1846.15					
Office Sought: House Disburse	ement For:	Туре		1040.10					
Senate	Primary General		[MEMO ITEM] SURGE RESOUR	RCES 5/21					
President State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
B. SURGE RESOURCES, INC			Date of Disburse	ement					
Moiling Address 200 CANDIA DD				2 2015					
Mailing Address 920 CANDIA RD			05 2	2015					
City MANCHESTER	State Zip Code NH 03109		Transaction ID	: SB21B.I140					
Purpose of Disbursement	03109								
PAYROLL TAXES			Amount of Each	Disbursement this Period					
Candidate Name		Category/ Type		4276.49					
Office Sought: House Disburse	ement For:	.,,,,,	[MEMO ITEM]	,					
Senate President	Primary General Other (specify) ▼		SURGE RESOUR	RCES 5/21					
State: District:	Other (specify)								
Full Name (Last, First, Middle Initial)									
C. SURGE RESOURCES, INC			Date of Disburse						
Mailing Address 920 CANDIA RD			05 2	2015					
City	State Zip Code		Transaction ID	· SR21R I300					
MANCHESTER Purpose of Disbursement	NH 03109		Transaction is	. 05215000					
PAYROLL			Amount of Each	Disbursement this Period					
Candidate Name		Category/		1059.34					
Office Sought: House Disburse	ement For:	Type	[MEMO ITEM]	7					
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Α.	SWIFTKURRENT					f Disbursem					
	Mailing Address 83 CABOT ST				05	20	2015				
	01	N	7:- 0-1-								
	City S BEVERLY	State MA	Zip Code 01915		Trans	action ID :	SB21B.I103				
	Purpose of Disbursement										
	DIGITAL CONSULTING Candidate Name				Amount	t of Each D	sbursement this Period				
	Candidate Name			Category/ Type			9804.78				
	Office Sought: House Disbursen	nent For:		-71		, , , , , , , , , , , , , , , , , , , ,	,				
	Senate	Primary	General								
	State: District:	Other (spec	city) 🔻								
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В.	SWIFTKURRENT				Date of	f Disbursem	ent				
	Mailing Address 83 CABOT ST				M = M 04	04	2015				
	Walling Address 63 CABOT ST				04	04	2013				
	,	State MA	Zip Code		Trans	saction ID :	SB21B.l13				
	BEVERLY Purpose of Disbursement	IVIA	01915								
	ONLINE EXPENSES				Amount	t of Each D	sbursement this Period				
	Candidate Name			Category/			12962.05				
	Office Sought: House Disbursen	nent For:		Туре			7				
		Primary	General								
	President State: District:	Other (spec	cify) 🔻								
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	Mailing Address 83 CABOT ST				06	12	2015				
		State	Zip Code		Trans	saction ID :	SB21B.I234				
	BEVERLY Purpose of Disbursement	MA	01915								
	DIGITAL CONSULTING; EXPENSES				Amount	t of Each D	sbursement this Period				
	Candidate Name			Category/			36600.55				
	Office Sought: House Disbursen	nent For:		Туре		-	4				
		Primary	General								
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Α.	SWIFTKURRENT						Date of Disbursement								
	Mailing Address 83 CABOT ST						05 28 2015								
	BEVERLY	State MA	Zip Code 01915				Transaction ID : SB21B.I501								
	Purpose of Disbursement DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE			Г			Ar	noun	t of	Each	Dis	sburse	emer	nt this	Period
	Candidate Name				tegor Гуре	y/		Ι	Ξ	,				-74	9.70
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Α.	SWIFTKURRENT			Man / Dad / Yayayay						
	Mailing Address 83 CABOT ST			03 13 2015						
	•	State Zip Code		Transaction ID : SB21B.I507						
	BEVERLY Purpose of Disbursement	MA 01915								
	DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE			Amount of Each Disbursement this Per	riod					
	Candidate Name		Category/	15100.00						
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	Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)								
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	Mailing Address 83 CABOT ST			06 16 2015						
	,	State Zip Code		Transaction ID : SB21B.I508						
	BEVERLY Purpose of Disbursement	MA 01915								
	DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE			Amount of Each Disbursement this Per	riod					
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			Type	-899.13	3					
	Office Sought: House Disbursen									
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	Mailing Address 83 CABOT ST			06 15 2015						
	•	State Zip Code		Transaction ID : SB21B.I509						
	BEVERLY Purpose of Disbursement	MA 01915								
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	City	State	Zip Code		T		. 00045	ICE				
	, 122, 0, 112, 111, 1	VA	22312		ıransa	action ID	: 5B21B	.105				
	Purpose of Disbursement											
	POLITICAL STRATEGY CONSULTING				Amount	of Each	Disburse	ment this	Period			
	Candidate Name			Category/				E06	3/ 12			
				Type			- 7	580	64.13			
	Office Sought: House Disbursen											
		Primary	General									
		Other (spec	cify) 🔻									
_	State: District:											
_	Full Name (Last, First, Middle Initial)											
В.	TARBELL COMPANIES, INC				Date of	Disburse	ment					
					М = М		D /	YYY	Y			
	Mailing Address 66 CANAL CENTER PLZ				03	1	8	2015				
	STE 500	21 - 1 -	75									
	•	State VA	Zip Code		Transa	action ID	: SB21B	.11				
	ALEXANDRIA Purpose of Disbursement	٧٨	22314									
	STRATEGIC CONSULTING; CONSULTANT EXPE	NSES			Amount of Each Disbursement this Period							
	Candidate Name				, anount	J. Lucii	_ 100 al 00		. 5.100			
				Category/ Type	155000.00							
	Office Sought: House Disbursen	nent For		Турс		7						
		Primary	General									
		Other (spec										
	State: District:	(opoc	- J/ ♥									
_	Full Name (Last, First, Middle Initial)											
С	TARBELL COMPANIES, INC				Date of	Disburse	ment					
٠.	TANDELL CONFAINES, INC							Y Y Y	V			
	Mailing Address 66 CANAL CENTER PLZ				05	2		2015	- т			
	STE 500				30							
		State	Zip Code		T	ID	. 00045	1444				
		VA	22314		Transa	action ID	: 5B21B	.1111				
	Purpose of Disbursement											
	STRATEGIC CONSULTING & CONSULTANT EXP	ENSES		1	Amount	of Each	Disburse	ment this	Period			
	Candidate Name			Category/				44400	7.00			
				Type			- 4	11133	37.36			
	Office Sought: House Disbursen	nent For:										
	Senate	Primary	General									
	President	Other (spec	cify) 🔻									
_	State: District:											
Γ												
s	SUBTOTAL of Disbursements This Page (optional)						1	27220	1.49			
\vdash	<u> </u>						7					
Ī	OTAL This Period (last nage this line number only)											

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 157 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only	NOMBER.				
TI EMIZED DIODOTIOENIENTO	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c 29 30b				
Any information copied from such Reports and Statem	nents may not be sold or u	sed by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	<u> </u>						
CONSERVATIVE, AUTHENTIC, R	ESPONSIVE LEAD	DERSHIP FO	OR YOU AND FOR AMERICA				
		+					
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. TARBELL COMPANIES, INC							
Mailing Address 66 CANAL CENTER PLZ			04 03 2015				
STE 500							
City	State Zip Code		Transaction ID : SB21B.I8				
ALEXANDRIA	VA 22314		1141154CUVII ID : 3DZ D.16				
Purpose of Disbursement CONSULTANT EXPENSE REIMBURSEMENT			Amount of Fook Dishares and 1911 D. 111				
Candidate Name			Amount of Each Disbursement this Period				
Candidate Ivanie		Category/	7000.00				
Office Sought: House Disbursen	nent For	Туре	7				
	Primary General						
	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)							
B. TELEPHONE TOWN HALL MEET	ING, INC		Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 958 CONEFLOWER DR			04 17 2015				
City	State Zip Code						
GOLDEN	CO 80401		Transaction ID : SB21B.I15				
Purpose of Disbursement	30701						
TELEPHONE TOWN HALL MEETING			Amount of Each Disbursement this Period				
Candidate Name		Category/	0020.74				
		Type	9830.71				
Office Sought: House Disbursen							
	Other (anality) General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial) C. THE MAIL HAUS			Date of Disbursement				
- THE WAIL HAUS			M M / D D / Y Y Y Y				
Mailing Address 1745 SUBURBAN DR			04 28 2015				
,	State Zip Code		Transaction ID : SB21B.I58				
DE PERE	WI 54115						
Purpose of Disbursement POSTAGE			Amount of Fook Bish				
Candidate Name			Amount of Each Disbursement this Period				
		Category/ Type	1679.72				
Office Sought: House Disbursen	nent For:	.,,,,	7				
	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)			18510.43				

17

SCHEDULE B (FEC Form 3X)	Haraman L. I. (1)	FOR LINE	NUMBER:	PAGE 158 OF 362		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)	•					
CONSERVATIVE, AUTHENTIC, R	ESPONSIVE LEAD	ERSHIP FO	OR YOU AND F	OR AMERICA		
Full Name (Last, First, Middle Initial) A. TRANSAXT			Date of Disburseme	-nt		
			M M / D D	/ Y Y Y Y Y		
Mailing Address 190 MONROE AVE NW SUITE 500			06 30	2015		
City S	State Zip Code MI 49503		Transaction ID : S	B21B.I315		
Purpose of Disbursement	MI 49503					
CC PROCESSING Candidate Name			Amount of Each Dis	sbursement this Period		
Candidate Name		Category/ Type		3538.00		
Office Sought: House Disburser						
Senate President	Primary General Other (specify) ▼					
State: District:	• • • • •					
Full Name (Last, First, Middle Initial)			Data of District			
B. TVEYES INC.			Date of Disburseme	nt		
Mailing Address 2150 POST RD			05 20	2015		
,	State Zip Code CT 06824		Transaction ID : S	B21B.I104		
FAIRFIELD Purpose of Disbursement	CT 06824					
MEDIA MONITORING Candidate Name			Amount of Each Dis	sbursement this Period		
Candidate Name		Category/ Type		500.00		
Office Sought: House Disburser						
Senate President	Primary General Other (specify) ▼					
State: District:	- (-p - - 11)/ ∀					
Full Name (Last, First, Middle Initial)			Date of Disburseme	ent		
C. TVEYES INC.			M M / D D	/ Y Y Y Y Y		
Mailing Address 2150 POST RD			06 03	2015		
	State Zip Code		Transaction ID : S	B21B.I112		
FAIRFIELD Purpose of Disbursement	CT 06824					
MEDIA MONITORING			Amount of Each Dis	sbursement this Period		
Candidate Name		Category/ Type		500.00		
Office Sought: House Disburser	nent For:	.,,,,				
Senate President	Primary General Other (specify) ▼					
State: District:	outer (specify) ▼					
		l l		4520.00		
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		4538.00		
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 159 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only X 21b 27					
Any information copied from such Reports and State							
or for commercial purposes, other than using the na	me and address of any politi	cal committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
angle CONSERVATIVE, AUTHENTIC, F	RESPONSIVE LEAL	PERSHIP FO	OR YOU AND FOR AMERICA				
Full Name (Last, First, Middle Initial)							
A. VANDENBERG & ASSOCIATES	NC.		Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 3927 ELM AVE			05 20 2015				
City	State Zip Code						
LONG BEACH	CA 90807		Transaction ID : SB21B.I105				
Purpose of Disbursement PRINTING & POSTAGE							
			Amount of Each Disbursement this Period				
Candidate Name		Category/	2119.33				
Office Sought: House Disburse	ment For:	Туре					
Senate	Primary General						
President	Other (specify) ▼						
State: District:	·						
Full Name (Last, First, Middle Initial)							
B. VOTER GRAVITY			Date of Disbursement				
			M = M / D = D / Y = Y = Y				
Mailing Address 121 E MAIN ST			06 03 2015				
City	State Zip Code		Transaction ID : SB21B.I113				
PURCELLVILLE Purpose of Disbursement	VA 20132						
VOTER CONTACT			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	2500.00				
Office Sought: House Disburse	ment For:						
Senate	Primary General						
President	Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial)							
C. VOTER GRAVITY			Date of Disbursement				
VOTER GIV WITT			M M / D D / Y Y Y Y				
Mailing Address 121 E MAIN ST			04 15 2015				
City	State Zip Code						
City PURCELLVILLE	VA 20132		Transaction ID : SB21B.I22				
Purpose of Disbursement							
VOTER CONTACT SOFTWARE			Amount of Each Disbursement this Period				
Candidate Name		Category/	15000.00				
		Туре	15000.00				
Office Sought: House Disburse Senate	ment For:						
President	Primary General Other (specify) ▼						
State: District:	onior (opeony) ▼						
2.5							
SUBTOTAL of Disbursements This Page (optional).			19619.33				
COLUMN TAGO (OPENIA).							
TOTAL This Period (last page this line number only	·)						

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SCHEDULE B (FEC Form 3X)			- 1		DACE 160 OF 363						
		Use separate schedule	·/a\	R LINE eck only	NUMBER: PAGE 160 OF 362						
116	EMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag	ie ˈˌr	21b 27	22 2	23 24 28b 28c	25 29	26 30b			
	y information copied from such Reports and Staten for commercial purposes, other than using the name										
\setminus	NAME OF COMMITTEE (In Full)										
\rangle	CONSERVATIVE, AUTHENTIC, R	ESPONSIVE LEA	ADERSH	HIP F	OR YOU A	ND FOR	AMER	ICA			
_	Full Name (Last, First, Middle Initial)				Date of Disb	uroomont					
Α.	VOX POPULI POLLING							V			
	Mailing Address 700 SOUTH WASHINGTON, SUIT	E 310			06 15 2015						
	•	State Zip Code			Transaction	n ID : SB21B.	1240				
	ALEXANDRIA Purpose of Disbursement	VA 22314									
	POLLING			Т.	Amount of E	ach Disbursei	ment this	Period			
	Candidate Name		Categ	gory/			5604	1.00			
	Office Cought: House Dishurson	mont For	Тур	ре			300	+.00			
	Office Sought: House Disburser Senate	Primary Genera	ıl								
	President	Other (specify) ▼									
	State: District:										
В.	Full Name (Last, First, Middle Initial)				Date of Disb	urcomont					
Ь.					Date of Disb		Y	Y			
	Mailing Address				- M - M /						
	City	State Zip Code									
	Purpose of Disbursement			-	A	aab Diabowaa		Daviad			
-	Candidate Name	Ottored			Amount of Each Disbursement this Period						
			Categ Typ								
		ment For: Primary Genera Other (specify) ▼	ıl								
	State: District:	· · · · · · · · · · · · · · · · · · ·									
<u> </u>	Full Name (Last, First, Middle Initial)				Date of Disb	ursement					
	Mailing Address				M M /	D D / Y	YIY	Y			
	City	State Zip Code									
	Purpose of Disbursement										
Candidate Name			Categ		Amount of E	ach Disbursei	ment this	Period			
	Office Sought: House Disburser	ment For:	Тур	oe		7					
	Senate President	Primary Genera Other (specify)	ıl								
	State: District:										
SI	JBTOTAL of Disbursements This Page (optional)			>			5604	1.00			
T/	OTAL This Period (last page this line number only)						1297397	7.63			
	FIRE THIS I CHOO (last page this life Hullibel Offly)	,									

PAGE	161	OF	362	
FOR L	INE 24	OF	FORM	ЗХ

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESF	PONSIVE I	FADERSHIP I	=OR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Dat	e of Public	c Distribution/	Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code	-			23.02
BEVERLY	MA	01915			D: SE24.332 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: AK
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Dat			Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount		2010
City	State	Zip Code				23.02
BEVERLY	MA	01915			D: SE24.333 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: AL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	✓ Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [7	46.04
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •			
(c) TOTAL Independent Expenditures			•	- 7	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M = M 07	31	/ Y Y 201:	
Signature		_				

PAGE	162	OF	362
FOR L	INE 24	OF	FORM 3X

				FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE	FADERSHIP F	-OR	FEC IDENTIFICAT	TION NUMBER ▼
YOU AND FOR AMERICA	ONOIVE E	.c/\belletin 1	OIT	C C00573154	
Check if 24-hour report 48-hour report	New repo	rt Amends repo		M = M / D = D	/ Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public Distribution	
			[02 / 24	2015
Mailing Address 83 CABOT ST			Amou	unt	
City	State 2	Zip Code	ΗГ:		23.02
BEVERLY	MA	01915		action ID : SE24.33 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02 / 24	2015
Name of Federal Candidate		X Support	Office Soug	ht: House	District:
CARLY FIORINA		Oppose	X Presid	dent Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement 2016	nt For:	ry General
Full Name of Payee SWIFTKURRENT		'	Date	of Public Distribution	on/Dissemination / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST			Amo		2010
City	State	Zip Code	ΠГ.		23.02
BEVERLY	MA	01915		action ID: SE24.33 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02 / 24	2015
Name of Federal Candidate		X Support	Office Soug	ht: House	District:
CARLY FIORINA		Oppose	X Presid	dent Senate	State: AS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For:	ry General
(a) SUBTOTAL of Itemized Independent Expenditures			· [7	46.04
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [17117	
(c) TOTAL Independent Expenditures			· [7 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized				
CHRIS MARSTON	[Electronic	ally Filed] Date	07 /)15
Signature		3.00			

PAGE	163	OF	362
FOR L	INE 24	OF I	FORM 3X

				FOR LINE 24 OF FORM 3X				
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼				
	YOU AND FOR AMERICA							
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on M = M / D = D / Y = Y = Y				
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination				
-	Mailing Address			02 / 24 / 2015				
1	83 CABOT ST			Amount				
ł	City State	Zip Code		23.02				
	BEVERLY MA	01915		Transaction ID : SE24.336 Date of Disbursement or Obligation				
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02 24 2015				
ı	Name of Federal Candidate	Support	Office	Sought: House District:				
	CARLY FIORINA	Oppose	X	President Senate State: AZ				
١	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rrsement For: Primary General				
-				Other (specify) -				
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination				
-	Mailing Address 83 CABOT ST			02 24 2015 Amount				
ŀ	City State	Zip Code		23.02				
١	BEVERLY MA	01915		Transaction ID : SE24.337 Date of Disbursement or Obligation				
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:				
	CARLY FIORINA	Oppose	X	President Senate State: CA				
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	ursement For:				
(-	a) SUBTOTAL of Itemized Independent Expenditures			46.04				
,	7 GOD TOTAL OF HOMEZON HINDOPONDON LAPONDING		•	7-7-7-				
(1	b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7				
(0	c) TOTAL Independent Expenditures		•					
W	Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.							
	CHRIS MARSTON [Electroni	ically Filed] Date	M 0	7 31 2015				
	Signature	_						

PAGE	164 OF		=	362			
FOR L	INE 24	OF	FO	RM	ЗХ		

				FOF	R LINE 24	OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	=OR	FEC IDENT	TFICATION	NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !		OIT	C C005	73154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D	D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date	of Public Dis	tribution/D	ssemination
			[02 / D	24	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			23.02
BEVERLY	MA	01915		action ID : SE of Disbursem		ligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [M / D	24	2015
Name of Federal Candidate		X Support	Office Soug	ht: H	ouse Di	strict:
CARLY FIORINA		Oppose	X Presid	dent Se	enate	State: CO
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	nt For: X	Primary) ▶	General
Full Name of Payee SWIFTKURRENT			Date	of Public Dis		issemination 2015
Mailing Address 83 CABOT ST			Amo		الت	2010
City	State	Zip Code	ΠГ.			23.02
BEVERLY	MA	01915		action ID : SE of Disbursem		ligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02 / D	24 /	2015
Name of Federal Candidate		X Support	Office Soug	ht: H	ouse D	istrict:
CARLY FIORINA		Oppose	X Presid	dent S	enate	State: CT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: X	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures.			· [T - T		46.04
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	-7-	-7-	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 /	31 /	2015	T Y
Signature						

PAGE	165	OF	362	2
FOR L	INE 24	OF	FORM	ЗХ

				F	FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	PONSIVE	FADERSHIP F	FOR	FEC IDE	ENTIFICATIO	N NUMBER ▼
YOU AND FOR AMERICA	ONOIVE I		OIX	Cc	00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M /	D D /	Y . Y . Y . Y
Full Name of Payee SWIFTKURRENT			Date	of Public	Distribution/l	Dissemination
			[02	24	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			23.02
BEVERLY	MA	01915			SE24.340 sement or O	bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02	24	2015
Name of Federal Candidate		X Support	Office Soug	ht:	House I	District:
CARLY FIORINA		Oppose	X Presid	dent	Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	nt For:	Primary cify) ▶	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo		24	2013
City	State	Zip Code				23.02
BEVERLY	MA	01915			: SE24.341 sement or C	bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Soug	jht:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: DE
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: [Other (spe	Primary ecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures.			• [7		46.04
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	7		
(c) TOTAL Independent Expenditures			· [-		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 /	31	201	5
Signature						

PAGE	166	OF	362
FOR L	INE 24	OF F	ORM 3X

				[FC	OR LINE 24	FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	PONSIVE I	FADERSHIP F	-OR	FEC IDEN	ITIFICATIO	N NUMBER ▼
YOU AND FOR AMERICA	CHOIVE		OIX	C cod	0573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M /	D = D /	Y Y Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
			[02	24	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			23.02
BEVERLY	MA	01915		action ID: S		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02	24	2015
Name of Federal Candidate		X Support	Office Soug	ıht:	House [District:
CARLY FIORINA		Oppose	X Presid	dent	Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	ent For: X	<u>.</u>	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo		24	2013
City	State	Zip Code				23.02
BEVERLY	MA	01915		action ID:		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Soug	ght:	House [District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: GA
Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	336.98	Disburseme 2016	ent For: \sum	✓ Primary ify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures.			• [7	46.04
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· -		-7-	
(c) TOTAL Independent Expenditures			•	7	-7-	-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 /	31	2015	YYY
Signature						

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FOR L	INE 24	OF	FO	RM	ЗХ

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESF	PONSIVE	I FADERSHIP I	=OR	FEC ID	ENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONONE		OIX	C	000573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M - M /	D = D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public	Distribution/	Dissemination
			[02	24	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	$-\Gamma$			23.02
BEVERLY	MA	01915			: SE24.344 rsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Soug	jht:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: GU
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: Other (spe	Primary	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo		24	2013
City	State	Zip Code				23.02
BEVERLY	MA	01915	I		: SE24.345 rsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M / 02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: HI
Calendar Year-To-Date Per Election for Office Sought	, , ,	336.98	Disburseme 2016	ent For: Other (sp	✓ Primary ecify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [7		46.04
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· -		7	
(c) TOTAL Independent Expenditures			•			-
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ Y Y 201	
Signature						

PAGE	168	OF	362
FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE I	LEADERSHIP F	FOR			ON NUMBER ▼
	OU AND FOR AMERICA			C	C00573154	
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed o	n M M	/ D D /	Y
	Full Name of Payee SWIFTKURRENT			Date of Publ	ic Distribution/	Dissemination
	Mailing Address			02	24	2015
	Mailing Address 83 CABOT ST			Amount		
-	City State	Zip Code				23.02
	BEVERLY MA	01915			D: SE24.346 ursement or C	bligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02 02	24	2015
	Name of Federal Candidate	Support	Office	Sought:	House	District:
	CARLY FIORINA	Oppose	X	President	Senate	State:IA
١	Calendar Year-To-Date Per Election for Office Sought	2583.19	Disburs 2016	sement For:	Primary	General
┢	Full Name of Page			Other (s		
١	Full Name of Payee SWIFTKURRENT			M = M	ic Distribution/	Y . Y . Y . Y
ŀ	Mailing Address 83 CABOT ST			02 Amount	24	2015
╌	City State	Zip Code				23.02
	BEVERLY MA	01915	I .		D: SE24.347 oursement or C	Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02	24	2015
	Name of Federal Candidate	Support	Office	Sought:	House	District:
	CARLY FIORINA	Oppose	X	President	Senate	State:ID
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disburs 2016	sement For: Other (s	Primary pecify) ▶	General
(8	a) SUBTOTAL of Itemized Independent Expenditures					46.04
(k	b) SUBTOTAL of Unitemized Independent Expenditures					
(0	c) TOTAL Independent Expenditures		•			
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.					
	CHRIS MARSTON [Electroni	cally Filed] Date	M 07	M / D D D	/ Y Y 201	Y
	Signature	_ Date				

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FOR I	INF 24	OF I	FORM 3X	

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESF	PONSIVE I	FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /		Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Dat	e of Public	c Distribution/	Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code	-			23.02
BEVERLY	MA	01915			D: SE24.348 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: IL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Dat			Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount	24	2013
City	State	Zip Code				23.02
BEVERLY	MA	01915			D: SE24.349 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: IN
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			•		7	46.04
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	-		
(c) TOTAL Independent Expenditures			•	7		-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	, 07 N	/ 31	/ Y Y Y 201:	
Signature						

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FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHID E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 24 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	23.02
BEVERLY MA	01915	Transaction ID : SE24.350 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 24 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		02 24 2015 Amount
City State	Zip Code	23.02
BEVERLY MA	01915	Transaction ID : SE24.351 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 24 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		46.04
(a) CODITO IN LON NOTINE CONTINUE CAPONICIO IN EXPONICIONI EXPONIC		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electroni	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESI	PONSIVE	I FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONONE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Dat	e of Public	c Distribution/	Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code	-			23.02
BEVERLY	MA	01915			: SE24.352 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
Full Name of Payee SWIFTKURRENT			Dat	e of Public	c Distribution/	Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount	24	2013
City	State	Zip Code				23.02
BEVERLY	MA	01915			D: SE24.353 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MA
Calendar Year-To-Date Per Election for Office Sought	, ,	336.98	Disbursem 2016	ent For: Other (sp	Primary Decify)	General
(a) SUBTOTAL of Itemized Independent Expenditures	S		. [7	46.04
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		. •			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	, 07 N	31	/ Y Y 201	
Signature						

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOTE LEADEROIM TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 24 2015
Mailing Address 83 CABOT ST		Amount
City Sta	ate Zip Code	23.02
BEVERLY MA	A 01915	Transaction ID : SE24.354 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 24 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	336.97 Dist	bursement For: X Primary General 6 Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 02 24 2015
Mailing Address 83 CABOT ST		Amount
City	ate Zip Code	23.02
BEVERLY M	1A 01915	Transaction ID : SE24.355 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 24 / 2015
Name of Federal Candidate	Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	336.97 Disl 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	46.04
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	4 OF FORM 3X
	IE OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE I	LEADERSHIP I	FOR			ON NUMBER ▼
	OU AND FOR AMERICA			C	C00573154	
Ched	ck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on M M /	/ D = D /	Y = Y = Y
	Full Name of Payee SWIFTKURRENT			Date of Public	c Distribution/l	Dissemination
	Mailing Addraga			02	24	2015
ľ	83 CABOT ST			Amount		
	City State	Zip Code				23.02
	BEVERLY MA	01915	-	Transaction ID Date of Disbu	D: SE24.356 ursement or C	bligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02	24	2015
Ī	Name of Federal Candidate	X Support	Office	Sought:	House I	District:
L	CARLY FIORINA	Oppose	X	President	Senate	State: MI
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rsement For:	Primary	General
-				Other (sp		
	Full Name of Payee SWIFTKURRENT			M M	ic Distribution/	Y Y Y Y Y
	Mailing Address 83 CABOT ST			02 Amount	24	2015
-	City State	Zip Code				23.02
	BEVERLY MA	01915		Transaction II	D: SE24.357 ursement or C	Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02 02	24	2015
	Name of Federal Candidate	X Support	Office	Sought:	House	District:
L	CARLY FIORINA	Oppose	X	President	Senate	State: MN
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rsement For: Other (sp	Primary pecify) ▶	General
(a	SUBTOTAL of Itemized Independent Expenditures		▶			46.04
(ŀ	SUBTOTAL of Unitemized Independent Expenditures			111		
,*	,		•			
(0	e) TOTAL Independent Expenditures		▶			
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.					
	CHRIS MARSTON [Electroni	ically Filed] Date	, ^M 07	M / D D	/ Y Y Y 2015	y y y 5
	Signature					

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FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	FOR	FEC I	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	31 10 1121			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M	/ D D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			D	ate of Publ	lic Distribution/	/Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Aı	mount		
City St	tate	Zip Code				23.02
BEVERLY M	ИΑ	01915			D: SE24.358 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pre	esident	Senate	State: MO
Calendar Year-To-Date Per Election for Office Sought	1 1 7	336.98	Disburse 2016	ment For:	Primary	General
Full Name of Payee SWIFTKURRENT			D			/Dissemination 2015
Mailing Address 83 CABOT ST			A	mount		
City	tate	Zip Code				23.01
BEVERLY	MA	01915	I		ID: SE24.359 oursement or (Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pr	esident	Senate	State: MP
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburse 2016	ment For:	✓ Primary specify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			. •		1 1 -9-	46.03
(b) SUBTOTAL of Unitemized Independent Expenditures	s		• •	7		
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M M M	/ 31	201	
Signature						

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (IN FUII) CONSERVATIVE, AUTHENTIC, RESF	PONSIVE	FADERSHIP I	FOR	FEC II	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	CITOIVE		Oit	С	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M		Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Da	e of Publi	c Distribution/	Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code	\neg Γ			23.02
BEVERLY	MA	01915			D: SE24.360 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ıght:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursen 2016	nent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination 2015
Mailing Address 83 CABOT ST			An	nount		
City	State	Zip Code				23.02
BEVERLY	MA	01915			D: SE24.361 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Soi	ught:	House	District:
CARKY FIORINA		Oppose	X Pre	sident	Senate	State: MT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursen 2016	nent For:	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			•		7	46.04
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•		7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its accommission.	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	/ 31	/ 201	
Signature						

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FOR L	INE 24	OF I	FORM 3X

				FOF	R LINE 24	OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	FOR	FEC IDENT	TIFICATION	I NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !		OIX	C C005	573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D	D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public Dis	tribution/Di	ssemination
			[02	24	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			23.01
BEVERLY	MA	01915		action ID : SE of Disbursen		ligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02 / D	24	2015
Name of Federal Candidate		X Support	Office Soug	ıht: H	ouse Di	strict:
CARLY FIORINA		Oppose	X Presid	dent S	enate :	State: NC
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	ent For: X		General
Full Name of Payee SWIFTKURRENT				of Public Dis		issemination 2015
Mailing Address 83 CABOT ST			Amo			2010
City	State	Zip Code				23.01
BEVERLY	MA	01915		action ID : SI of Disbursen		ligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [M M / D	24 /	2015
Name of Federal Candidate		X Support	Office Soug	ght: H	louse D	istrict:
CARLY FIORINA		Oppose	X Presi	dent S	Senate	State: ND
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	ent For: X	Primary /) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures.			· [7	1 7	46.02
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [-7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M = M /	31	2015	Y
Signature						

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FOR L	INE 24	OF F	ORM 3X

				FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR					TION NUMBER ▼
YOU AND FOR AMERICA	01101121		OIT	C C00573154	
Check if 24-hour report 48-hour report	New repo	rt Amends repo		M = M / D = D	/ Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public Distribution	on/Dissemination
			[02 / 24	2015
Mailing Address 83 CABOT ST			Amou	unt	
City	State	Zip Code	ΗГ:		23.02
BEVERLY	MA	01915		action ID : SE24.36 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02 / 24	2015
Name of Federal Candidate		X Support	Office Sough	ht: House	District:
CARLY FIORINA		Oppose	X Presid	dent Senate	State: NE
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement 2016	nt For:	ary General
Full Name of Payee SWIFTKURRENT			Date	of Public Distribution	on/Dissemination
Mailing Address 83 CABOT ST			Amo		
City	State	Zip Code			23.01
BEVERLY	MA	01915		action ID : SE24.36 of Disbursement o	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02 / 24	2015
Name of Federal Candidate		X Support	Office Soug	ht: House	District:
CARLY FIORINA		Oppose	X Presid	dent Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought		2583.19	Disburseme 2016	ent For:	ary General
(a) SUBTOTAL of Itemized Independent Expenditures			.		46.03
(b) SUBTOTAL of Unitemized Independent Expenditure	98		· [
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized				
CHRIS MARSTON	[Electroni	cally Filed] Date	07 /		015 Y
Signature					

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR						
	OU AND FOR AMERICA			C	C00573154	
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed o	n M M M	/ D D /	Y W Y W Y
1	Full Name of Payee SWIFTKURRENT			Date of Publ	ic Distribution/	Dissemination
-	Mailing Address			02	24	2015
	Mailing Address 83 CABOT ST			Amount		
ŀ	City State	Zip Code				23.01
	BEVERLY MA	01915			D: SE24.366 oursement or C	Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02	24	2015
ı	Name of Federal Candidate	Support	Office S	Sought:	House	District:
	CARLY FIORINA	Oppose	X	President	Senate	State: NJ
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disburs 2016	ement For:	Primary	General
ŀ					pecify)	
	Full Name of Payee SWIFTKURRENT			M = M	lic Distribution/	Y . Y . Y . Y
-	Mailing Address 83 CABOT ST			02 Amount	24	2015
ŀ	City State	Zip Code				23.01
	BEVERLY MA	01915			D: SE24.367 oursement or C	
ŀ	Purpose of Expenditure	Category/		Date of Dist	/ D D /	Doligation
	ADVERTISING - ONLINE	Type		02	24	2015
	Name of Federal Candidate	X Support	Office	Sought:	House	District:
	CARLY FIORINA	Oppose	X	President	Senate	State: NM
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disburs 2016	ement For: Other (s		General
(a	a) SUBTOTAL of Itemized Independent Expenditures		•			46.02
(1	b) SUBTOTAL of Unitemized Independent Expenditures		. •			
(0	c) TOTAL Independent Expenditures		•			
W	Inder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.					
	CHRIS MARSTON [Electroni	ically Filed] Date	M 07	/ 31	201:	5 Y
	Signature	_ Sale				

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FOR I	INF 24	OF I	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHID E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 24 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	23.01
BEVERLY MA	01915	Transaction ID : SE24.368 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 24 7 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016 Gttor (apacify)
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		02 24 2015 Amount
City State	Zip Code	23.01
BEVERLY MA	01915	Transaction ID : SE24.369 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 24 / 2015
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		46.02
(-)		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron.	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR				
YOU AND FOR AMERICA	NOIVE EEMBEROIM TO	C C00573154		
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay		
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination		
		02 24 2015		
Mailing Address 83 CABOT ST		Amount		
City Stat	te Zip Code	23.01		
BEVERLY MA	01915	Transaction ID : SE24.370 Date of Disbursement or Obligation		
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 24 2015		
Name of Federal Candidate	X Support Off	fice Sought: House District:		
CARLY FIORINA	Oppose	President Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis 201	sbursement For:		
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 02 24 2015		
Mailing Address 83 CABOT ST		Amount		
City	te Zip Code	23.01		
BEVERLY M/	A 01915	Transaction ID : SE24.371 Date of Disbursement or Obligation		
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 24 2015		
Name of Federal Candidate	X Support Off	fice Sought: House District:		
CARLY FIORINA	Oppose	President Senate State: OK		
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General Other (specify) •		
(a) SUBTOTAL of Itemized Independent Expenditures	>	46.02		
(b) SUBTOTAL of Unitemized Independent Expenditures.				
(c) TOTAL Independent Expenditures	·····			
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eitl			
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015		
Signature	_			

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FOR L	INE 24	OF	FORM 3	X

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP I	FOR	FEC I	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	01101121			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/	Y T Y T Y
Full Name of Payee SWIFTKURRENT			Da	ate of Publ	ic Distribution/	Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Ar	nount		
City	State	Zip Code				23.01
BEVERLY	MA	01915			D: SE24.372 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought		336.97	Disburser 2016	٦	Primary pecify) ►	General
Full Name of Payee						/Dissemination
SWIFTKURRENT				M M M 02	/ 24 /	2015
Mailing Address 83 CABOT ST			Aı	mount		.20,0
City	State	Zip Code	— I			23.01
BEVERLY	MA	01915			D: SE24.373 oursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02 02	24	2015
Name of Federal Candidate		X Support	Office Sc	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	esident	Senate	State: PA
Calendar Year-To-Date Per Election for Office Sought		336.97	Disburse 2016	ment For:	Primary pecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [46.02
(b) SUBTOTAL of Unitemized Independent Expenditure	98		• •	7	7	
(c) TOTAL Independent Expenditures			•		4	1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M = M 07	31	201	
Signature						

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FOR L	INE 24	OF	FC	RM	ЗХ

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	-OR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	01101121		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	tate	Zip Code				23.01
BEVERLY	ИΑ	01915			: SE24.374 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: PR
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	ent For: Other (sp	Primary pecify) ▶	General
Full Name of Payee SWIFTKURRENT			Date	e of Public	c Distribution/	Dissemination 2015
Mailing Address 83 CABOT ST			Amo		24	2013
City	State	Zip Code				23.01
BEVERLY	MA	01915			D: SE24.375 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	dent	Senate	State: RI
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	ent For: Other (sp	✓ Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			.		7	46.02
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•		1 1 2	
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ Y Y 201:	
Signature					-	

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FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	SIVE LEADERSHIP FOR
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Disseminatio
	02 ^M / D 24 / Y 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 23.01
BEVERLY MA	01915 Transaction ID : SE24.376 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 24 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General Primary ☐ Other (specify) ►
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 23.01
BEVERLY MA	01915 Transaction ID : SE24.377 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 24 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: SI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General States of the Company of the
(a) SUBTOTAL of Itemized Independent Expenditures	46.02
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concuthorized committee or agent of either, or (if the reporting entity is not a politic
CHRIS MARSTON	[Electronically Filed] Date 07 31 2015
Signature	

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FOR L	INE 24	OF	FC	RM 3	3X

				FOR	LINE 24 C	OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	FOR	FEC IDENTI	FICATION	NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !		OIX	C C0057	'3154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D	D / Y	YYYY
Full Name of Payee SWIFTKURRENT			_	of Public Distr		
			[02 / 2	24 Y	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			23.01
BEVERLY	MA	01915		action ID : SE2 of Disburseme		gation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [02 / 2	24 / Y	2015
Name of Federal Candidate		X Support	Office Soug	ıht: Ho	use Dis	trict:
CARLY FIORINA		Oppose	X Presid	dent Se	nate S	tate: TN
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme	ent For: X IOther (specify)	Primary ▶	General
Full Name of Payee SWIFTKURRENT				e of Public Distr	ribution/Dis	semination
Mailing Address 83 CABOT ST			Amo			2010
City	State	Zip Code				23.01
BEVERLY	MA	01915		saction ID : SE		gation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type			24 Y	2015
Name of Federal Candidate		X Support	Office Soug	ght: Ho	use Dis	trict:
CARLY FIORINA		Oppose	X Presi	dent Se	nate S	tate:TX
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	ent For: X	Primary •	General
(a) SUBTOTAL of Itemized Independent Expenditures.			• [7	7	46.02
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· -	7	7	
(c) TOTAL Independent Expenditures			•	-	7	1 -0
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M = M /	31 /	2015	Y
Signature		_				_

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FOR L	INE 24	OF	FO	RM	ЗХ

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	FOR	FEC I	IDENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	31 10 11 L			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D D /	Y T Y T Y
Full Name of Payee SWIFTKURRENT			Da	ate of Publ	lic Distribution/	Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Aı	nount		
City St	tate	Zip Code	- [23.01
BEVERLY	ΛA	01915			D: SE24.380 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sc	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	esident	Senate	State: UT
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburse 2016	ment For:	Primary specify) ▶	General
Full Name of Payee SWIFTKURRENT			D			/Dissemination
Mailing Address 83 CABOT ST			A	mount	24	2013
City	tate	Zip Code				23.01
BEVERLY	MA	01915			ID: SE24.381 oursement or (Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pro	esident	Senate	State: VA
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburse 2016	ment For:	✓ Primary specify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [46.02
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•		4	1 0
(c) TOTAL Independent Expenditures			•		-	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M M M	31	201	
Signature						

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESF	PONSIVE	I FADERSHIP I	FOR	FEC II	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	CITOIVE			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M		Y = Y = Y
Full Name of Payee SWIFTKURRENT			Dat	e of Publi	c Distribution/	Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				23.01
BEVERLY	MA	01915			D: SE24.382 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ight:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: VI
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursem 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount	24	2013
City	State	Zip Code				23.01
BEVERLY	MA	01915			D: SE24.383 ursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ıght:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: VT
Calendar Year-To-Date Per Election for Office Sought	, , ,	336.96	Disbursem 2016	nent For: Other (s	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			•		7	46.02
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M M M	/ 31	/ 201	
Signature						

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	FOR	FEC I	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	01101121			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D D /	Y TY TY
Full Name of Payee SWIFTKURRENT			Da	ate of Publ	lic Distribution/	/Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Ar	nount		
City St	tate	Zip Code	- [23.01
BEVERLY	ИΑ	01915			D: SE24.384 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sc	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: WA
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursei 2016	ment For:	Primary	General
Full Name of Payee SWIFTKURRENT			D	-		/Dissemination
Mailing Address 83 CABOT ST			A	mount	24	2013
City	state	Zip Code				23.01
BEVERLY	MA	01915			ID : SE24.385 oursement or (Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02 02	24	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pre	esident	Senate	State: WI
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburse 2016	ment For:	✓ Primary specify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [7		46.02
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•		7	1 0
(c) TOTAL Independent Expenditures			•		-	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M = M 07	31	201	
Signature						

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FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESE	PONSIVE	FADERSHIP I	=OR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONONE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	e of Public	c Distribution/	Dissemination
				02	24	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code	-			23.01
BEVERLY	MA	01915			D: SE24.386 ursement or C	bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: WV
Calendar Year-To-Date Per Election for Office Sought	, , ,	336.96	Disbursem 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Dat			Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount	24	2013
City	State	Zip Code				23.01
BEVERLY	MA	01915			D: SE24.387 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 02	24	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: WY
Calendar Year-To-Date Per Election for Office Sought	, , ,	336.96	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			•		7	46.02
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	-		
(c) TOTAL Independent Expenditures			•	4		
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M M M	31	/ Y Y 201:	
Signature						

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FOR L	INE 24	OF	FOI	RM	ЗХ

				FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LE	ADERSHIP F	FOR	FEC IDENTIFICAT	ION NUMBER ▼
YOU AND FOR AMERICA		, CERCIIII I		C C00573154	
Check if 24-hour report 48-hour report	New report	Amends repor		1 M / D D /	Y I Y I Y I Y
Full Name of Payee SWIFTKURRENT				of Public Distribution	
			N.	02 / 26	2015
Mailing Address 83 CABOT ST			Amou	ınt	
City	ate Zip	Code			3.58
BEVERLY	1A 01	915		of Disbursement or	Obligation
Purpose of Expenditure ADVERTISING - ONLINE	С	ategory/ Type		02 26	2015
Name of Federal Candidate		X Support	Office Sough	nt: House	District:
CARLY FIORINA		Oppose	X Preside	ent Senate	State: AK
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement 2016	nt For:	y General
Full Name of Payee	,			of Public Distribution	n/Dissemination
SWIFTKURRENT				02 26	2015
Mailing Address 83 CABOT ST			Amou		2010
City St	tate Zip	Code			3.58
BEVERLY	MA 01	915	I	action ID : SE24.389 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE	С	ategory/ Type		02 / 26	2015
Name of Federal Candidate	·	Support	Office Sough	nt: House	District:
CARLY FIORINA		Oppose	X Presid	ent Senate	State: AL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursemer 2016	nt For:	y General
(a) SUBTOTAL of Itemized Independent Expenditures			· [7.16
(b) SUBTOTAL of Unitemized Independent Expenditures	3		•	7	1 45
(c) TOTAL Independent Expenditures			•	7-1-7-	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized co				
CHRIS MARSTON	[Electronical]	y Filed] Date	M M /	31 / 20	
Signature		2410			

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN FUII) CONSERVATIVE, AUTHENTIC, RESPON	NSIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	TOTAL ELEMBERTON TOTAL	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	3.58
BEVERLY MA	01915	Transaction ID : SE24.390 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	336.98 Disk 201	bursement For:
Full Name of Payee	,	Date of Public Distribution/Dissemination
SWIFTKURRENT		02 26 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	3.58
BEVERLY MA	01915	Transaction ID : SE24.391 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 2015
Name of Federal Candidate	X Support Office	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AS
Calendar Year-To-Date Per Election for Office Sought	336.98 Dist	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	ŕ	7.16
(b) SUBTOTAL of Unitemized Independent Expenditures	•	9 9
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	240	

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	ISIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	torve ee/toertoriii i ort	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed	I on Man / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 26 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	3.58
BEVERLY MA	01915	Transaction ID : SE24.392 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support Office	e Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	336.98 Disbu	ursement For:
Full Name of Payee	,	Date of Public Distribution/Dissemination
SWIFTKURRENT		02 26 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	3.58
BEVERLY MA	01915	Transaction ID : SE24.393 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 2015
Name of Federal Candidate	X Support Office	e Sought: House District:
CARLY FIORINA	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	336.98 Disbut	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures	ŕ	7.16
(b) SOBTOTAL OF STREETINGER EXPENDITURES	•	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of eithe	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	240	

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	-OR	FEC ID	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	31101VE 1		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				02	26	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	tate	Zip Code				3.58
BEVERLY	1A	01915			: SE24.394 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	26	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: CO
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT				e of Public	c Distribution/	/Dissemination
Mailing Address 83 CABOT ST			Amo	02 ount	26	2015
City	tate	Zip Code				3.58
BEVERLY	MA	01915			D: SE24.395 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02 02	26	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: CT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [7	7.16
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•			
(c) TOTAL Independent Expenditures			•	-7-		
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate of party committee) any political party committee or its agent	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	201	
Signature						

PAGE	193	OF		362	
FOR L	INE 24	OF	FC	RM 3	3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE EE/IDENOIM 10	C C00573154
Check if 24-hour report 48-hour report	New report Amends report fil	ed on Mam / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 26 2015
Mailing Address 83 CABOT ST		Amount
City Sta	te Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.396 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	Y President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis 20	sbursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City	te Zip Code	3.57
BEVERLY MA	A 01915	Transaction ID : SE24.397 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 2015
Name of Federal Candidate	X Support Of	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		7.14
(b) SUBTOTAL of Unitemized Independent Expenditures.	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eit	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature		

PAGE	194	OF	=	362	2
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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE I FADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE ELABERTAIN 10	C C00573154
Check if 24-hour report 48-hour report	New report Amends report fil	led on Man / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02
Mailing Address 83 CABOT ST		Amount
City Sta	te Zip Code	3.57
BEVERLY MA	A 01915	Transaction ID : SE24.398 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 / 2015
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	sbursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 02 26 2015
Mailing Address 83 CABOT ST		Amount
City	te Zip Code	3.57
BEVERLY M.	A 01915	Transaction ID : SE24.399 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 2015
Name of Federal Candidate	Support Of	ffice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eit	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	SIVE LEADERSHIP FOR
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	02 / 26 / 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 3.57
BEVERLY MA	01915 Transaction ID : SE24.400 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 26 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: GU
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
SWIFTKURRENT	02 26 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 3.57
BEVERLY MA	01915 Transaction ID : SE24.401 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 26 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: HI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures	7.14
(-)	7 7 7
(c) TOTAL Independent Expenditures)
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON	Electronically Filed] Date 07 31 2015
Signature	

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	ISIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	TOTAL PERCORNIA TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.402 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support Offi	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	2583.19 Dist 201	bursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 02 26 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.403 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 2015
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis 20'	bursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	•	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE I	EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LEADEROIN T	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address		02 / 26 / 2015
83 CABOT ST		Amount
City State	Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.404 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016
		Other (specify) -
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		02 26 2015 Amount
City State	Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.405 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / Y 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electronic	cally Filed] Date	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

PAGE	198	OF	36	62
FOR L	INE 24	OF	FOR	M 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	SIVE LEADERSHIP FOR
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	02 / 26 / 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 3.57
BEVERLY MA	01915 Transaction ID : SE24.406 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 26 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
SWIFTKURRENT	02 26 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 3.57
BEVERLY MA	01915 Transaction ID : SE24.407 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 / 26 / 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures	7.14
(b) SOBTOTAL OF CHIROTHESE INdependent Experiations	
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON	[Electronically Filed] Date 07 31 2015
Signature	

PAGE	199	OF	362	
FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	I EADEDSHID D	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE, AUTHENTIC, RESPONSIVE YOU AND FOR AMERICA		C C00573154
Check if 24-hour report 48-hour report New rep	port Amends repor	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.408 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		02 26 2015 Amount
City State	Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.409 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron	nically Filed]	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	2010

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FOR I	INF 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEA	DERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	ADENOMIN TON	C C00573154
Check if 24-hour report 48-hour report New report	Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 / 26 / Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State Zip C	Code	3.57
BEVERLY MA 0191	15	Transaction ID : SE24.410 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE Cat	egory/ Type	02 26 2015
Name of Federal Candidate	X Support Offic	e Sought: House District:
CARLY FIORINA		President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	336.97 Disb 2016	
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		02 26 2015 Amount
City State Zip 0	Code	3.57
BEVERLY MA 019		Transaction ID : SE24.411 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE Cat	egory/ Type	02 / 26 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	336.97 Disb 2010	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		7.14
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
CHRIS MARSTON [Electronically	Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	201	OF	362 DRM 3X
FOR L	INE 24	OF FO	DRM 3X

			FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I FADERSHIP F	OR	FEC IDENTIFICAT	TION NUMBER ▼
YOU AND FOR AMERICA	LENDEROIM I		C C00573154	
Check if 24-hour report 48-hour report New re	eport Amends repor		/ D = D	/ Y = Y = Y
Full Name of Payee SWIFTKURRENT		Date	of Public Distribution	
		IV.	07 / 31	2015
Mailing Address 83 CABOT ST		Amou	nt	
City State	Zip Code			3.57
BEVERLY MA	01915		ction ID : SE24.41 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	TV	02 / 26	2015
Name of Federal Candidate	X Support	Office Sough	nt: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursemen 2016		ry General
			other (specify) ► _	
Full Name of Payee SWIFTKURRENT			of Public Distribution	/ Y Y Y Y Y
Mailing Address 83 CABOT ST		Amou	02 26 Int	2015
				0.57
City State BEVERLY MA	Zip Code 01915		action ID : SE24.41	
Purpose of Expenditure	Category/		of Disbursement of	/ Y Y Y Y
ADVERTISING - ONLINE	Type	-	02 26	2015
Name of Federal Candidate	X Support	Office Sough	nt: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: MN
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursemer 2016	nt For:	ary General
			other (specify) =	
(a) SUBTOTAL of Itemized Independent Expenditures		•	7 7	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		•	1 4 1 4	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
CHRIS MARSTON [Electro	onically Filed] Date	M M /		015
Signature				

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FOR L	INE 24	OF	FORM	3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	NSIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE EE/ROEIROI III 1 OI	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	d on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 26 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.414 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	336.98 Disk 201	oursement For:
Full Name of Payee	,	Date of Public Distribution/Dissemination
SWIFTKURRENT		02 26 2015
Mailing Address 83 CABOT ST		Amount
City Stat	te Zip Code	3.57
BEVERLY MA	A 01915	Transaction ID : SE24.415 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MP
Calendar Year-To-Date Per Election for Office Sought	336.98 Disl 201	bursement For:
(a) SUBTOTAL of Unitersized Independent Expenditures	ŕ	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSI	VE I FADERSHIP FO	PR FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	ive eeroem i	C C00573154
Check if 24-hour report 48-hour report New	w report Amends report	filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.416 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General Other (specify) ►
Full Name of Payee	,	Date of Public Distribution/Dissemination
SWIFTKURRENT		02 26 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	3.57
BEVERLY MA	01915	Transaction ID : SE24.417 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authoratty committee) any political party committee or its agent.		
CHRIS MARSTON	ectronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF F	ORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	IVE I EADERSHIP FO	FEC IDENTIFICATION NUM	IBER ▼
YOU AND FOR AMERICA	IVE ELADEROIII IV	C C00573154	
Check if 24-hour report 48-hour report Ne	ew report Amends report		YYY
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemi	
			15
Mailing Address 83 CABOT ST		Amount	
City State	Zip Code		3.57
BEVERLY MA	01915	Transaction ID : SE24.418 Date of Disbursement or Obligation	n
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 920	15
Name of Federal Candidate	X Support	Office Sought: House District:	
CARLY FIORINA	Oppose	President Senate State:	NC_
Calendar Year-To-Date Per Election for Office Sought		016	General
Full Name of Payee	7	Other (specify)	
SWIFTKURRENT			onation 015
Mailing Address 83 CABOT ST		Amount	710
City State	Zip Code		3.57
BEVERLY MA	01915	Transaction ID : SE24.419 Date of Disbursement or Obligatio	n
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	M = M / D = D / Y = Y	015
Name of Federal Candidate	X Support	Office Sought: House District:	
CARLY FIORINA	Oppose	President Senate State:	_ND_
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	General
(a) SUBTOTAL of Itemized Independent Expenditures		7.	.14
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7	
(c) TOTAL Independent Expenditures		7 7 7	
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.			
CHRIS MARSTON [EL	lectronically Filed] Date	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature	_		

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE I	FADERSHIP F	-OR	FEC ID	ENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	J11011 L		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public	Distribution/	Dissemination
				02	26	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	ate	Zip Code				3.57
BEVERLY	1A	01915			: SE24.420 irsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	26	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: NE
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo			
City	tate	Zip Code				3.57
BEVERLY M	MA	01915			D: SE24.421 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		02	26	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought		2583.19	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [7	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures	3		• -	-7		
(c) TOTAL Independent Expenditures			•	-7-	7	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 N	31	/ Y Y 201:	
Signature						

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FOR L	INE 24	OF F	ORM 3X

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSI	IVE LEADERSHIP E	OR FEC	DENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	IVE EEADEROIM I	C	C00573154
Check if 24-hour report 48-hour report Ne	w report Amends report	filed on	/ D = D / Y = Y = Y
Full Name of Payee SWIFTKURRENT		Date of Pu	ablic Distribution/Dissemination
		02	/ 26 / Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount	
City State	Zip Code		3.57
BEVERLY MA	01915		n ID : SE24.422 sbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought:	House District:
CARLY FIORINA	Oppose	X President	Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For	
			(specify) ▶
Full Name of Payee SWIFTKURRENT		M = M	
Mailing Address 83 CABOT ST		02 Amount	26 2015
City State	Zip Code		3.57
BEVERLY MA	01915	1	n ID : SE24.423 sbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02	
Name of Federal Candidate	X Support	Office Sought:	House District:
CARLY FIORINA	Oppose	X President	Senate State: NM
Calendar Year-To-Date Per Election for Office Sought		Disbursement For 2016 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures		·	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(c) TOTAL Independent Expenditures		•	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.			
CHRIS MARSTON [EL	ectronically Filed] Date	07 3	1 2015
Signature	_		

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE EE/IBEROIM TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 26 2015
Mailing Address 83 CABOT ST		Amount
City Sta	ate Zip Code	3.57
BEVERLY M/	A 01915	Transaction ID : SE24.424 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	336.98 Dist	bursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
SWIFTKURRENT		02 26 2015
Mailing Address 83 CABOT ST		Amount
City Sta	ate Zip Code	3.57
BEVERLY M	IA 01915	Transaction ID : SE24.425 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 2015
Name of Federal Candidate	X Support Offi	ce Sought: House District:
CARLY FIORINA	Oppose >	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	ŕ	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	r authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature	240	

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FOR L	INE 24	OF FO	ORM 3X

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE I FADERSHIP F	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE EENBEROIM 1	C C00573154
Check if 24-hour report 48-hour report	New report Amends report	filed on fil
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		02 26 2015
Mailing Address 83 CABOT ST		Amount
City Sta	ate Zip Code	3.57
BEVERLY MA	A 01915	Transaction ID : SE24.426 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	,	Date of Public Distribution/Dissemination
SWIFTKURRENT		02 26 2015
Mailing Address 83 CABOT ST		Amount
City Sta	ate Zip Code	3.57
BEVERLY M	A 01915	Transaction ID : SE24.427 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought	336.97	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	authorized committee or agent of	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature		

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			FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIV	E I EADERSHIP E	:OR	FEC IDENTIFICAT	ION NUMBER ▼
YOU AND FOR AMERICA	L LLADLINGIII I		C C00573154	
Check if 24-hour report 48-hour report New	report Amends repor		M / D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT		_	of Public Distribution	
		M	02 / 26	2015
Mailing Address 83 CABOT ST		Amou	nt	
City State	Zip Code	 [3.57
BEVERLY MA	01915		ction ID : SE24.428 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02 / 26	2015
Name of Federal Candidate	X Support	Office Sough	t: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought	336.97	Disbursemen 2016		y General
			ther (specify) -	
Full Name of Payee SWIFTKURRENT			of Public Distribution	/ Y Y Y Y Y
Mailing Address 83 CABOT ST		Amou	02 26 Int	2015
City State	Zip Code			3.57
BEVERLY MA	01915		action ID : SE24.429 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02 26	2015
Name of Federal Candidate	X Support	Office Sough	nt: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: PA
Calendar Year-To-Date Per Election for Office Sought	336.97	Disbursemen 2016	nt For:	y General
(a) SUBTOTAL of Itemized Independent Expenditures		-	7 1 7	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7	
(c) TOTAL Independent Expenditures		.	7 1 7	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authorizantly committee) any political party committee or its agent.				
CHRIS MARSTON [Elect.	ronically Filed] Date	07 /	31 / 20	15
Signature				

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIV	/E I EΔDERSHIP E	OR	FEC IDENTIFICAT	TION NUMBER ▼
YOU AND FOR AMERICA	VE ELABEROIII I		C C00573154	
Check if 24-hour report 48-hour report New	report Amends report		= M / D = D	/ Y = Y = Y
Full Name of Payee SWIFTKURRENT			of Public Distributio	
		M	02 / 26	2015
Mailing Address 83 CABOT ST		Amou	nt	
City State	Zip Code			3.57
BEVERLY MA	01915		ction ID : SE24.430 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	М	02 / 26	2015
Name of Federal Candidate	X Support	Office Sough	t: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: PR
Calendar Year-To-Date Per Election for Office Sought		Disbursement 2016		ry General
	,		ther (specify) ► _	
Full Name of Payee SWIFTKURRENT			of Public Distribution	/ Y Y Y Y Y
Mailing Address 83 CABOT ST		Amou	02 26 nt	2015
City State	Zip Code			3.57
City State BEVERLY MA	01915		ction ID : SE24.43 of Disbursement or	1
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02 / 26	/ Y Y Y Y Y 2015
Name of Federal Candidate	X Support	Office Sough	it: House	District:
CARLY FIORINA	Oppose	X Preside		State: RI
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursemen 2016 O	nt For:	ry General
(a) SUBTOTAL of Itemized Independent Expenditures		.		7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		•		-
(c) TOTAL Independent Expenditures		•		ATC.
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.				
CHRIS MARSTON [Elec	ctronically Filed] Date	07 /)15)15
Signature				

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FOR L	INE 24	OF FO	ORM 3X

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR				
YOU AND FOR AMERICA C C00573154				
Check if 24-hour report 48-hour report Ne	v report Amends report filed on	/ D D / Y D Y D Y		
Full Name of Payee SWIFTKURRENT		ic Distribution/Dissemination		
	02	26 2015		
Mailing Address 83 CABOT ST	Amount			
City State	Zip Code	3.57		
BEVERLY MA	01915 Transaction II Date of Disb	D: SE24.432 ursement or Obligation		
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02	26 2015		
Name of Federal Candidate	Support Office Sought:	House District:		
CARLY FIORINA	Oppose President	Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2016 Other (s	Primary General		
Full Name of Payee SWIFTKURRENT		ic Distribution/Dissemination		
Mailing Address 83 CABOT ST	Amount			
City State	Zip Code	3.57		
BEVERLY MA	01915 Transaction I	D: SE24.433 ursement or Obligation		
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02	26 2015		
Name of Federal Candidate	Support Office Sought:	House District:		
CARLY FIORINA	Oppose President	Senate State: SD		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2016 Other (s	Primary General pecify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7		
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.				
CHRIS MARSTON [E.	ectronically Filed] Date 07 31	/ Y Y Y Y Y Y 2015		
Signature				

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR				
YOU AND FOR AMERICA C C00573154				
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay		
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination		
		02 26 2015		
Mailing Address 83 CABOT ST		Amount		
City State	Zip Code	3.57		
BEVERLY MA	01915	Transaction ID : SE24.434 Date of Disbursement or Obligation		
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support Off	fice Sought: House District:		
CARLY FIORINA	Oppose	President Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought	336.96 Dis	sbursement For:		
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 83 CABOT ST		Amount		
City State	e Zip Code	3.57		
BEVERLY MA	01915	Transaction ID : SE24.435 Date of Disbursement or Obligation		
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02 26 2015		
Name of Federal Candidate	X Support Off	fice Sought: House District:		
CARLY FIORINA	Oppose	President Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		sbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7		
(c) TOTAL Independent Expenditures	>	7 7 7		
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.				
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015		
Signature	_			

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FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR				
YOU AND FOR AMERICA C C00573154				
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report			
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination			
	02 / 26 / 2015			
Mailing Address 83 CABOT ST	Amount			
City State	Zip Code 3.57			
BEVERLY MA	01915 Transaction ID : SE24.436 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 26 2015			
Name of Federal Candidate	Support Office Sought: House District:			
CARLY FIORINA	Oppose President Senate State: UT			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
SWIFTKURRENT	02 / 26 / 2015			
Mailing Address 83 CABOT ST	Amount			
City State	Zip Code 3.57			
BEVERLY MA	01915 Transaction ID : SE24.437 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 / 26 / 2015			
Name of Federal Candidate	Support Office Sought: House District:			
CARLY FIORINA	Oppose President Senate State: VA			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures)			
(c) TOTAL Independent Expenditures	>			
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political			
CHRIS MARSTON	[Electronically Filed] Date 07 31 2015			
Signature				

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FOR I	INF 24	OF F	ORM 3X	

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	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR					
	YOU AND FOR AMERICA C C00573154					
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on	M = M / D =	D / Y	Y Y Y Y
	Full Name of Payee SWIFTKURRENT		Da	ate of Public Distri	bution/Disse	mination
	Mailing Address			02 / 2		2015
	Mailing Address 83 CABOT ST		Ar	mount		
ŀ	City State	Zip Code	— Г			3.57
	BEVERLY MA	01915		nsaction ID : SE2 ate of Disburseme		ion
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		02 / 2		2015 Y
ı	Name of Federal Candidate	X Support	Office Sc	ought: Hou	use Distric	ot:
	CARLY FIORINA	Oppose	X Pre	esident Ser	nate Stat	e:
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disburser 2016		Primary	General
ı	Full Name of Davis			Other (specify)		
	Full Name of Payee SWIFTKURRENT		D	ate of Public Distri	D / Y	Y Y Y
	Mailing Address 83 CABOT ST		A	mount 2	26	2015
ŀ	City State	Zip Code	— I			3.57
	BEVERLY MA	01915		ansaction ID : SE2 late of Disburseme		tion
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		M M / D		2015 Y
ľ	Name of Federal Candidate	X Support	Office So	ought: Hou	use Distric	ct:
	CARLY FIORINA	Oppose	X Pre	esident Ser	nate Stat	e: VT
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disburse 2016	ement For: X F	Primary •	General
	(a) SUBTOTAL of Itemized Independent Expenditures		. [7.14
			-		7	-
((b) SUBTOTAL of Unitemized Independent Expenditures		•		7	
	(c) TOTAL Independent Expenditures		•		7	4
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	CHRIS MARSTON [Electroni	ically Filed] Date	M M M	/ 31 /	2015	7
	Signature	_ Date				_

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FOR I	INF 24	OF FO	DRM 3X

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR FEC IDENTIFICATION NUMBER ▼			
YOU AND FOR AMERICA		00573154	
Check if 24-hour report 48-hour report New	w report Amends report	filed on/	D = D / Y = Y = Y
Full Name of Payee SWIFTKURRENT		Date of Public I	Distribution/Dissemination
		02	26 / 2015
Mailing Address 83 CABOT ST		Amount	
City State	Zip Code		3.57
BEVERLY MA	01915	Transaction ID : Date of Disburs	SE24.440 ement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	02	26 / 2015
Name of Federal Candidate	X Support	Office Sought:	House District:
CARLY FIORINA	Oppose	X President	Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		016	Primary General
		Other (spec	
Full Name of Payee SWIFTKURRENT		Date of Public	Distribution/Dissemination 26 2015
Mailing Address 83 CABOT ST		Amount	20 2013
City State	Zip Code		3.57
BEVERLY MA	01915	Transaction ID :	
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	M M / 02	26 / 2015
Name of Federal Candidate	X Support	Office Sought:	House District:
CARLY FIORINA	Oppose	X President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures			7.14
(b) SUBTOTAL of Unitemized Independent Expenditures		-	Apr. 1 Apr.
(c) TOTAL Independent Expenditures		-	7
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.			
CHRIS MARSTON [EL	ectronically Filed] Date	07 / 31	/ Y Y Y Y Y 2015
Signature			

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FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR				
YOU AND FOR AMERICA C C00573154				
Check if 24-hour report 48-hour report N	lew report Amends report filed on Amends report			
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination			
	02 / 26 / Y 2015			
Mailing Address 83 CABOT ST	Amount			
City State	Zip Code 3.57			
BEVERLY MA	01915 Transaction ID : SE24.442 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 26 2015			
Name of Federal Candidate	Support Office Sought: House District:			
CARLY FIORINA	Oppose President Senate State: WV			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►			
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination 02 26 2015			
Mailing Address 83 CABOT ST	Amount			
City State	Zip Code 3.57			
BEVERLY MA	01915 Transaction ID : SE24.443 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 02 26 2015			
Name of Federal Candidate	Support Office Sought: House District:			
CARLY FIORINA	Oppose President Senate State: WY			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Uniternized Independent Expenditures	>			
(c) TOTAL Independent Expenditures	>			
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political			
CHRIS MARSTON	Electronically Filed] Date 07 31 2015			
Signature				

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FOR L	INE 24	OF	FO	RM	ЗХ

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	=OR	FEC II	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	0110112		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /		Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	e of Public	c Distribution/	Dissemination
				03	13	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				269.81
BEVERLY	MA	01915			D: SE24.444 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: AK
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT			Dat	e of Publi	ic Distribution/	/Dissemination
Mailing Address 83 CABOT ST			Am	03 ount	13	2015
City	State	Zip Code				269.81
BEVERLY	MA	01915			D: SE24.445 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M	13	2015
Name of Federal Candidate		X Support	Office Sou	ight:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: AL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [7	539.62
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•			
(c) TOTAL Independent Expenditures			•		7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M = M 07	/ 31	/ 201	
Signature						

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FOR L	INE 24	OF	FORM 3X

				F	OR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RES	SPONSIVE	I FADERSHIP I	FOR	FEC IDE	NTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	51 5116172	LE/(DE/(Orini		C co	0573154	
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
			[03	13	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code				269.81
BEVERLY	MA	01915		action ID:		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Soug	jht:	House [District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	336.98	Disburseme 2016	ent For: \sum	✓ Primary cify) ►	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo		·	
City	State	Zip Code				269.81
BEVERLY	MA	01915		saction ID : of Disburs		Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Soug	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: AS
Calendar Year-To-Date Per Election for Office Sought	7-1-1-7	336.98	Disburseme 2016	ent For:	Y Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	'es		• [7	7	539.62
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· • [7	-7-	
(c) TOTAL Independent Expenditures			•	7	7	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
CHRIS MARSTON	[Electron	ically Filed] Date	07	31	2018	
Signature						

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	-OR	FEC II	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	0110112		Ort	С	C00573154	
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	M = M	/ D D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Dat		ic Distribution/	
				03	13	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				269.81
BEVERLY	MA	01915			D : SE24.448 Jursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (s	✓ Primary pecify) ►	General
Full Name of Payee SWIFTKURRENT			Da	te of Publ	lic Distribution/	/Dissemination
Mailing Address 83 CABOT ST			Am	ount	10	2010
City	State	Zip Code	$\dashv \sqcap$			269.81
BEVERLY	MA	01915			D: SE24.449 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ıght:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursen 2016		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			•	——————————————————————————————————————	1 1 4	539.62
(b) SUBTOTAL of Unitemized Independent Expenditure:	9S		•		7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electronic	cally Filed] Date	07	/ 31	/ Y Y 201	
Signature						

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FOR L	INE 24	OF F	ORM 3X

				FOR L	INE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	-OR	FEC IDENTIFI	CATION NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !		Oit	C C00573	154
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D) / Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date		ution/Dissemination
				03 / 13	
Mailing Address 83 CABOT ST			Amo	ount	
City	State	Zip Code			269.81
BEVERLY	MA	01915		saction ID : SE24 e of Disbursemen	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03 / 13	
Name of Federal Candidate		X Support	Office Soug	ght: Hous	se District:
CARLY FIORINA		Oppose	X Presi	dent Sena	ate State: CO
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: X Pr Other (specify) ►	imary General
Full Name of Payee SWIFTKURRENT					oution/Dissemination
Mailing Address 83 CABOT ST			Amo		2010
City	State	Zip Code			269.81
BEVERLY	MA	01915		saction ÍD : SE24 e of Disbursemen	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03 / 13	
Name of Federal Candidate		X Support	Office Sou	ght: Hous	se District:
CARLY FIORINA		Oppose	X Presi	ident Sena	ate State: CT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For:	
(a) SUBTOTAL of Itemized Independent Expenditures.			· [539.62
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	-9-	7
(c) TOTAL Independent Expenditures			•	7	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
CHRIS MARSTON	[Electroni	cally Filed] Date	07	/ 31 / Y	2015
Signature					

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FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSI\	/E I EADEDQUID E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	E LEADERSHIP F	C C00573154
Check if 24-hour report 48-hour report New	report Amends report	filed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		03 / D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.452 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) Other
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 03 13 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.453 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		539.62
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
CHRIS MARSTON [Elec	tronically Filed] Date	07 31 2015
Signature		

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FOR L	INE 24	OF F	ORM 3X	

				FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR							
	YOU AND FOR AMERICA						
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed o	on M = M / D = D / Y = Y = Y			
-	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination			
-	Mailing Address			03 / 13 / 2015			
	83 CABOT ST			Amount			
ı	City State	Zip Code		269.81			
	BEVERLY MA	01915		Transaction ID : SE24.734 Date of Disbursement or Obligation			
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		03 / 13 / 2015			
ı	Name of Federal Candidate	X Support	Office	Sought: House District:			
	CARLY FIORINA	Oppose	X	President Senate State: FL			
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disburs 2016	sement For:			
ŀ	Full Name of Payee						
	SWIFTKURRENT			Date of Public Distribution/Dissemination 03			
ľ	Mailing Address 83 CABOT ST			Amount			
ŀ	City State	Zip Code		269.81			
	BEVERLY MA	01915	1	Transaction ID : SE24.735 Date of Disbursement or Obligation			
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		03 / 13 / 2015			
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:			
	CARLY FIORINA	Oppose	X	President Senate State: GA			
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbur 2016	rsement For: X Primary General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures			539.62			
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7			
(c) TOTAL Independent Expenditures		•				
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized earty committee) any political party committee or its agent.						
	CHRIS MARSTON [Electroni	ically Filed] Date	M 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature	_ Sate					

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FOR I	INF 24	OF FO	DRM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RES	PONSIVE	I FADERSHIP I	FOR	FEC II	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	IONOIVE	LL/(DLI(OIIII I	OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D = D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Dat	e of Publi	ic Distribution/	Dissemination
				03	13	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code	\neg Γ			269.81
BEVERLY	MA	01915			D: SE24.736 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ıght:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: GU
Calendar Year-To-Date Per Election for Office Sought	7 1 7	336.98	Disbursem 2016	ent For: Other (sp	✓ Primary pecify) ►	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				269.81
BEVERLY	MA	01915			D: SE24.737 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ıght:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: HI
Calendar Year-To-Date Per Election for Office Sought	7	336.98	Disbursen 2016		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	S		•		1 - 4	539.62
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		. •			
(c) TOTAL Independent Expenditures			•	7	7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
CHRIS MARSTON	[Electron	ically Filed] Date	M M M M M M M M M M M M M M M M M M M	/ 31	/ Y Y 201	
Signature						

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FOR I	INF 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN Full) CONSERVATIVE, AUTHENTIC, RESPON	NSIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	TOTAL ELEMBERTONIN TOTAL	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.738 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	2583.19 Dist 201	bursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		Amount
City Stat	e Zip Code	269.81
BEVERLY MA	01915	Transaction ID: SE24.739 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support Offi	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RES	PONSIVE	I FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				03	13	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				269.81
BEVERLY	MA	01915			D: SE24.740 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State:IL
Calendar Year-To-Date Per Election for Office Sought	, , , ,	336.98	Disburseme 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT						/Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount	10	2010
City	State	Zip Code				269.81
BEVERLY	MA	01915			D : SE24.741 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State:IN
Calendar Year-To-Date Per Election for Office Sought	, , ,	336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [7	539.62
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	-		
(c) TOTAL Independent Expenditures			•	- 4	7	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized					
CHRIS MARSTON	[Electron	ically Filed] Date	, 07	31	/ 201	
Signature						

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FOR L	INE 24	OF	FORM	ЗХ

				FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE LEA	ADERSHIP F	FOR	FEC IDENTIFICATI	ON NUMBER ▼
YOU AND FOR AMERICA		VDEIXOIIII I		C C00573154	
Check if 24-hour report 48-hour report	New report	Amends repo		1 M / D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT				of Public Distribution	
				03 / 13 /	2015
Mailing Address 83 CABOT ST			Amou	int	
City	tate Zip	Code			269.81
BEVERLY	1A 019	915		of Disbursement or	Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Ca	tegory/ Type		03 / 13	2015
Name of Federal Candidate		X Support	Office Sough	nt: House	District:
CARLY FIORINA		Oppose	X Preside	ent Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursemen 2016 O	nt For:	/ General
Full Name of Payee SWIFTKURRENT			Date	of Public Distribution	/Dissemination
Mailing Address 83 CABOT ST			Amou		
City	tate Zip	Code			269.81
	MA 019	915		action ID: SE24.743 of Disbursement or	Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Ca	tegory/ Type		03 / 13	2015
Name of Federal Candidate		X Support	Office Sough	nt: House	District:
CARLY FIORINA		Oppose	X Preside	lent Senate	State: KY
Calendar Year-To-Date Per Election for Office Sought	1 1 7 1	336.98	Disbursemer 2016	nt For: X Primary	y General
(a) SUBTOTAL of Itemized Independent Expenditures			•	17117	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•	7 1 7	
(c) TOTAL Independent Expenditures			•	7 7	1 75
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized com				
CHRIS MARSTON	[Electronically	Filed] Date	07 /	31 / 202	
Signature					

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FOR I	INF 24	OF F	ORM 3X	

				FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP F	FOR	FEC IDENTIFICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573154
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on M M / D D / Y B Y B Y
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-	Mailing Address			03 / 13 / 2015
	83 CABOT ST			Amount
ŀ	City State	Zip Code		269.81
	BEVERLY MA	01915		Transaction ID : SE24.744 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		03 13 2015
ŀ	Name of Federal Candidate	Support	Office	Sought: House District:
	CARLY FIORINA	Oppose		President Senate State: LA
Ī	Calendar Year-To-Date	336.98	Disbu 2016	rsement For: X Primary General
L	Per Election for Office Sought	555.55		Other (specify) ▶
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
	Mailing Address 83 CABOT ST			03 13 2015 Amount
ŀ	City State	Zip Code		269.81
	BEVERLY MA	01915		Transaction ID : SE24.745 Date of Disbursement or Obligation
ľ	Purpose of Expenditure ADVERTISING - ONLINE	Category/	\neg	M = M / D = D / Y = Y = Y
		Type		03 13 2015
1	Name of Federal Candidate	X Support	Office	e Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	ursement For:
			'	
((a) SUBTOTAL of Itemized Independent Expenditures		•	539.62
((b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7
((c) TOTAL Independent Expenditures		•	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	CHRIS MARSTON [Electroni	ically Filed] Date	, ^M 0	7 31 2015
	Signature			

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FOR I	INF 24	OF FO	DRM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE I	EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LEADEROIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on / _D = D / Y = Y = Y
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address		03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.746 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	336.97	Disbursement For: Primary General 2016
		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		03 13 2015 Amount
City State	Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.747 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / D 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	336.97	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		539.62
(-,		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electronic	cally Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RES	SPONSIVE	I FADERSHIP I	=OR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA						
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				03	13	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				269.81
BEVERLY	MA	01915			: SE24.748 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	dent	Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	336.98	Disburseme 2016	ent For: Other (sp	Primary pecify) ▶	General
Full Name of Payee SWIFTKURRENT						Dissemination
SWIFTRURKEINT				03	13	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				269.81
BEVERLY	MA	01915			D: SE24.749 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MN
Calendar Year-To-Date Per Election for Office Sought	7 1 7	336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	es		• [1 7		539.62
(b) SUBTOTAL of Unitemized Independent Expendit	tures		• •	-	7	
(c) TOTAL Independent Expenditures			•	-7-	7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
CHRIS MARSTON	[Electron	ically Filed] Date	M M M M	31	/ Y Y 201:	
Signature		_				

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FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RES	PONSIVE	I FADERSHIP I	FOR	FEC	IDENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA						
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D D /	Y T Y T Y
Full Name of Payee SWIFTKURRENT			D	ate of Pub	lic Distribution/	Dissemination (
				03	13	2015
Mailing Address 83 CABOT ST			A	mount		
City	State	Zip Code				269.81
BEVERLY	MA	01915			D: SE24.750 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pre	esident	Senate	State: MO
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburse 2016	ment For:	Primary specify) ▶	General
Full Name of Payee					olic Distribution	/Dissemination
SWIFTKURRENT				03	/	2015
Mailing Address 83 CABOT ST			A	mount		.20,0
City	State	Zip Code				269.81
BEVERLY	MA	01915			ID : SE24.751 oursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M	13	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pr	esident	Senate	State: MP
Calendar Year-To-Date Per Election for Office Sought	7	336.98	Disburse 2016	ment For:	Primary Specify)	General
(a) SUBTOTAL of Itemized Independent Expenditure	S		• [539.62
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	7	7	
(c) TOTAL Independent Expenditures			•		-9-	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized					
CHRIS MARSTON	[Electron	ically Filed] Date	07	/ 31	201	
Signature		_				

PAGE	231	OF	362 DRM 3X
FOR L	INE 24	OF FO	DRM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RES	PONSIVE	I FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA						
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	e of Public	c Distribution/	Dissemination
				03	13	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				269.81
BEVERLY	MA	01915			D: SE24.752 ursement or C	bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
Full Name of Payee			Dat			Dissemination
SWIFTKURRENT				03	/ 13 /	2015
Mailing Address 83 CABOT ST			Am	ount	10	2010
City	State	Zip Code	$ \Gamma$			269.81
BEVERLY	MA	01915			D: SE24.753 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MT
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditure	es		• [539.62
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. •		7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
CHRIS MARSTON	[Electron	ically Filed] Date	, 07	31	/ Y Y 201	
Signature		_				

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FOR L	INE 24	OF F	ORM 3X

				FOR LINE 24	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE LEADER	RSHIP FO		IDENTIFICATIO	N NUMBER ▼
YOU AND FOR AMERICA					
Check if 24-hour report 48-hour report	New report Ar	nends report file	ed on	/ D D /	Y . Y . Y . Y
Full Name of Payee SWIFTKURRENT			Date of Pub	lic Distribution/[
			03	13	2015
Mailing Address 83 CABOT ST			Amount		
City	tate Zip Code				269.81
BEVERLY	MA 01915		Transaction I	D: SE24.754 oursement or O	bligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		03	13	2015
Name of Federal Candidate	X	Support Off	ice Sought:	House [District:
CARLY FIORINA		Oppose	President	Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	336.9			Primary pecify) ▶	General
Full Name of Payee SWIFTKURRENT				lic Distribution/l	Dissemination 2015
Mailing Address 83 CABOT ST			Amount		
City	State Zip Code				269.81
	MA 01915			ID: SE24.755 oursement or O	bligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		03	13	2015
Name of Federal Candidate	X	Support Off	ice Sought:	House I	District:
CARLY FIORINA		Oppose	X President	Senate	State: ND
Calendar Year-To-Date Per Election for Office Sought	336.9		sbursement For: 16 Other (s	Primary pecify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures				77	539.62
(b) SUBTOTAL of Unitemized Independent Expenditure	s	·····	-7		
(c) TOTAL Independent Expenditures		······			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee				
CHRIS MARSTON	[Electronically Filed]	Date	07 31	2015	Y
Signature					

PAGE	233	OF	362
FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LL/(DL/(O/III 1	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.756 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016
5 11 11 12		Other (specify) -
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		03 13 2015 Amount
City State	Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.757 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	2583.19	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		539.62
(-)		7 7 000.02
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron.	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR I	INF 24	OF	FORM 3X	_

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE, AUTHENTIC, RESPONSI YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report New	w report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	03 / 03 / 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 269.81
BEVERLY MA	01915 Transaction ID : SE24.758 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 03 / 13 / 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016
Full Name of Payee	Other (specify) Date of Public Picturity ties (Piccouring ties)
SWIFTKURRENT	Date of Public Distribution/Dissemination 03 13 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 269.81
BEVERLY MA	01915 Transaction ID : SE24.759 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 03 / 13 / 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	litures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON [Eld	ectronically Filed] Date 07 31 2015
Signature	Date 1

PAGE	235	OF	362
FOR L	INE 24	OF I	FORM 3X

				FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE I	LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573154
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on Mam / Dad / Yayayay
-	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-	Moiling Address			03 / 13 / 2015
	83 CABOT ST			Amount
ı	City State	Zip Code		269.81
	BEVERLY MA	01915		Transaction ID : SE24.760 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		03 / 13 / 2015
ı	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	other (specify) ► General
ŀ	Full Name of Payee			Date of Public Distribution/Dissemination
	SWIFTKURRENT			03 13 2015
ľ	Mailing Address 83 CABOT ST			Amount
ŀ	City State	Zip Code		269.81
	BEVERLY MA	01915		Transaction ID : SE24.761 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		03 / 13 / 2015
ľ	Name of Federal Candidate	X Support	Office	e Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: NY
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		. •	539.62
			·	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		. ▶	4 4
(c) TOTAL Independent Expenditures		•	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	CHRIS MARSTON [Electroni	ically Filed] Date	, M 07	7 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

PAGE	236	O .	
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	SHOLVE EEVEREN 1 OF	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	d on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		03 13 2015
Mailing Address 83 CABOT ST		Amount
City	tate Zip Code	269.81
BEVERLY	1A 01915	Transaction ID : SE24.762 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	336.97 Disk 2010	oursement For: X Primary General Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 03 13 2015
Mailing Address 83 CABOT ST		Amount
City	tate Zip Code	269.81
BEVERLY	MA 01915	Transaction ID : SE24.763 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought	336.97 Dist	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures	\$ >	7 7 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	237	OF	362
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPOR	NSIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	TOTAL ELEMBERTON TOTAL	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.764 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	336.97 Dist 201	bursement For: X Primary General 6 Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		Amount
City	e Zip Code	269.81
BEVERLY MA	01915	Transaction ID : SE24.765 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	336.97 Disl 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	269.80
BEVERLY MA	01915	Transaction ID : SE24.766 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 13 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: PR
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For: Primary General 2016
		U Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		03 13 2015 Amount
City State	Zip Code	269.80
BEVERLY MA	01915	Transaction ID : SE24.767 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		539.60
(,)		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron.	ically Filed] Date	07 31 2015
Signature		

PAGE	239	OF	362		
FOR L	INE 24	OF F	ORM 3X		

				I	FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full)	EODONOU/E			FEC IDE	ENTIFICATIO	ON NUMBER ▼
CONSERVATIVE, AUTHENTIC, R YOU AND FOR AMERICA	ESPONSIVE	: LEADERSHIP	FUR	Cc	00573154	
Check if 24-hour report 48-hour report	New re	eport Amends repo		/ M	D D /	Y = Y = Y
Full Name of Payee			Date	of Public	Distribution/	Dissemination
SWIFTKURRENT				03	13	2015
Mailing Address 83 CABOT ST			Amou	ınt		
City	State	Zip Code				269.80
BEVERLY	MA	01915			: SE24.768 sement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		Support	Office Sough	nt:	House	District:
CARLY FIORINA		Oppose	X Presid	ent	Senate	State: SC
Calendar Year-To-Date		2683.13	Disbursemer	nt For:	X Primary	General
Per Election for Office Sought		2000.10		ther (spe	ecify) 🕨	
Full Name of Payee SWIFTKURRENT				M = M /	D D /	Dissemination
Mailing Address 83 CABOT ST			Amou	03 unt	13	2015
City	State	Zip Code				269.80
BEVERLY	MA	01915			: SE24.769 rsement or C	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate			Office Sough	nt:	House	District:
CARLY FIORINA		Oppose			Senate	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursemer 2016	nt For:	Primary	General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		· ·		7	539.60
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		·· •	7		
(c) TOTAL Independent Expenditures			· •		7	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize					
CHRIS MARSTON	[Electro	onically Filed]	M M /	31	/ Y Y Y 201	Y Y Y
Signature	123000	Date	9 01	31	201	

PAGE	240	OF	362	
FOR L	INE 24	OF FO	ORM 3X	

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESI	PONSIVE	I FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	CITOITE			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				03	13	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				269.80
BEVERLY	MA	01915			: SE24.770 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: TN
Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	336.96	Disburseme 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT				e of Public	c Distribution/	Dissemination
Mailing Address 83 CABOT ST			Ame	03 ount	13	2015
City	State	Zip Code				269.80
BEVERLY	MA	01915			D: SE24.771 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: TX
Calendar Year-To-Date Per Election for Office Sought	, , ,	336.96	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [7	539.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		• •	-7-		
(c) TOTAL Independent Expenditures			•	-		
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized					
CHRIS MARSTON	[Electroni	ically Filed] Date	, 07	31	/ Y Y 201:	
Signature						

PAGE	241	OF	362	
FOR I	INF 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	ISIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	OIVE EE/IBEROIM TOI	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed	d on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		03 13 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	269.80
BEVERLY MA	01915	Transaction ID : SE24.772 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	336.96 Disb 2016	oursement For:
Full Name of Payee	,	Date of Public Distribution/Dissemination
SWIFTKURRENT		03 13 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	269.80
BEVERLY MA	01915	Transaction ID : SE24.773 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	336.96 Disk 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		539.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	26.0	

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FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE, AUTHENTIC, RESPONS YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	03 / 03 / 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 269.80
BEVERLY MA	01915 Transaction ID : SE24.774 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 03 13 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: VI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
SWIFTKURRENT	03 / 13 / 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 269.80
BEVERLY MA	01915 Transaction ID : SE24.775 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 03 / 13 / 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	539.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON [E	Electronically Filed] Date 07 31 2015
Signature	Date

PAGE	243	OF	362
FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RES	SPONSIVE	I FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	0110112			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public	c Distribution/	Dissemination
				03	13	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				269.80
BEVERLY	MA	01915			D: SE24.776 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: WA
Calendar Year-To-Date Per Election for Office Sought	7	336.96	Disburseme 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT						/Dissemination 2015
Mailing Address 83 CABOT ST			Amo			
City	State	Zip Code				269.80
BEVERLY	MA	01915			D: SE24.777 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		03	13	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: WI
Calendar Year-To-Date Per Election for Office Sought	, , ,	336.96	Disburseme 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	es		· -			539.60
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	-		
(c) TOTAL Independent Expenditures			•	-7-	1 1 4	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized					
CHRIS MARSTON	[Electron	ically Filed] Date	, 07	31	/ Y Y 201	
Signature						

PAGE	244	OF	362
FOR I	INF 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHID E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	269.80
BEVERLY MA	01915	Transaction ID : SE24.778 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 13 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For: Primary General 2016
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		03 13 2015 Amount
City State	Zip Code	269.80
BEVERLY MA	01915	Transaction ID : SE24.779 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	03 / 13 / 2015
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: WY
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		539.60
.,		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	245	OF	362
FOR L	INE 24	OF I	FORM 3X

				FOR LINE 24 OF FORM 3X				
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼				
	OU AND FOR AMERICA							
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on Mam / Dad / Yayayay				
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination				
-	Mailing Address			05 / 23 / 2015				
	83 CABOT ST			Amount				
ł	City State	Zip Code		8.92				
	BEVERLY MA	01915		Transaction ID : SE24.510 Date of Disbursement or Obligation				
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 23 2015				
ı	Name of Federal Candidate	Support	Office	Sought: House District:				
	CARLY FIORINA	Oppose		President Senate State: AK				
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rsement For: X Primary General				
L	Tel Election for Onice Sought			Other (specify) -				
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
ľ	Mailing Address 83 CABOT ST			Amount				
ŀ	City State	Zip Code		8.92				
	BEVERLY MA	01915		Transaction ID : SE24.511 Date of Disbursement or Obligation				
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 / 23 / 2015				
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:				
	CARLY FIORINA	Oppose	X	President Senate State: AL				
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	orsement For:				
	c) CURTOTAL of Itemized Independent Evrenditures			47.04				
(a) SUBTOTAL of Itemized Independent Expenditures		•	17.84				
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7				
(c) TOTAL Independent Expenditures		•	1 1 7 1 1 7 1 1 7 1				
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.							
	CHRIS MARSTON [Electroni	ically Filed] Date	M 07	7 31 2015				
	Signature	_						

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FOR L	INE 24	OF	FORM 3X

				FC	OR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	=OR	FEC IDEN	NTIFICATIO	N NUMBER ▼
YOU AND FOR AMERICA	0110112		OIT	C co	0573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
			[05	23	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			8.92
BEVERLY	MA	01915		action ID : S		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [05	23	2015
Name of Federal Candidate		X Support	Office Soug	ht:	House [District:
CARLY FIORINA		Oppose	X Presid	dent	Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	1 1 7	336.98	Disburseme 2016	nt For: X	•	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ПΓ.			8.92
BEVERLY	MA	01915		action ID : Sof Disburse		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [05	23	2015
Name of Federal Candidate		X Support	Office Soug	ht:	House I	District:
CARLY FIORINA		Oppose	X Presid	dent	Senate	State: AS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	nt For: \sum Other (spec	✓ Primary ify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [1 7 1	- 	17.84
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [7	-	
(c) TOTAL Independent Expenditures			•	7	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electronia	cally Filed] Date	M M /	31	2015	Y Y Y
Signature						

PAGE	247	OF	=	362	
FOR L	INE 24	OF	FC	RM	зх

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP I	FOR	FEC	IDENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	01401121			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M	/ D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			D	ate of Pub	lic Distribution/	
				05	23	2015
Mailing Address 83 CABOT ST			A	mount		
City	State	Zip Code				8.92
BEVERLY	MA	01915			D: SE24.514 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pre	esident	Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburse 2016	ment For:	✓ Primary specify) ►	General
Full Name of Payee SWIFTKURRENT			D	ate of Pub	lic Distribution	/Dissemination
Mailing Address 83 CABOT ST			A	mount	20	2010
City	State	Zip Code				8.92
BEVERLY	MA	01915			Í D : SE24.515 oursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pr	esident	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburse 2016	ment For:	Primary specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [17.84
(b) SUBTOTAL of Unitemized Independent Expenditure	98		•			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	/ 31	201	
Signature						

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FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADI YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report New report	Amends report filed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	05 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State Zip Code	de 8.92
BEVERLY MA 01915	Transaction ID : SE24.516 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE Catego Ty	ory/ ype 05 23 / 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016
	Other (specify)
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination 05
Mailing Address 83 CABOT ST	05 23 2015 Amount
City State Zip Code	de 8.92
BEVERLY MA 01915	Transaction ID : SE24.517 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE Catego Ty	
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: CT
Calendar Year-To-Date Per Election for Office Sought 33	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	17.84
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
CHRIS MARSTON [Electronically File.	ed] Date 07 31 2015
Signature	Date 07 31 2015

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FOR L	INE 24	OF	FORM 3X

				FOF	R LINE 24	OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	=OR	FEC IDENT	IFICATION	I NUMBER ▼
YOU AND FOR AMERICA	ONOIVE I		OIT	C C005	73154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D	D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public Dis	tribution/Di	ssemination
			[05	23	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			8.93
BEVERLY	MA	01915		action ID : SE of Disbursem		ligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [M M / D	23 /	2015
Name of Federal Candidate		X Support	Office Soug	ht: H	ouse Di	strict:
CARLY FIORINA		Oppose	X Presid	dent Se	enate :	State: DC
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	nt For: X	Primary) ▶	General
Full Name of Payee SWIFTKURRENT			Date	of Public Dis		ssemination Y Y Y Y Y Y Y 2015
Mailing Address 83 CABOT ST			Amo		20	2010
City	State	Zip Code	ΠГ.			8.93
BEVERLY	MA	01915		action ID: SE of Disbursem		ligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [M M / D	23 /	2015
Name of Federal Candidate		X Support	Office Soug	ıht: H	ouse D	strict:
CARLY FIORINA		Oppose	X Presid	dent S	enate	State: DE
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: X	Primary y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p y p p	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [7	7	17.86
(b) SUBTOTAL of Unitemized Independent Expenditure	9S		· [1-75-1		1.00
(c) TOTAL Independent Expenditures			•	- 7	- 7	-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 /	31 /	2015	Y
Signature						

PAGE	250	OF	362
FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESF	PONSIVE I	FADERSHIP I	FOR	FEC II	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	CHOIVE			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Dat			Dissemination
				05	23	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.520 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination
Mailing Address 83 CABOT ST			Am	ount	20	2010
City	State	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.521 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ight:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: GA
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [7	7	17.86
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		• •			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	, M M M	/ 31	/ Y Y 201	
Signature						

PAGE	251	OF	362
FOR I	INF 24	OF	FORM 3X

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	FOR	FEC I	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	01101121			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M	/ D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Da	te of Publ		Dissemination
				05 ^M	23	2015
Mailing Address 83 CABOT ST			An	nount		
City	state	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.522 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: GU
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburser 2016	1	Primary	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination
Mailing Address 83 CABOT ST			Ar	nount	20	2010
City	State	Zip Code	-			8.93
BEVERLY	MA	01915			D : SE24.523 oursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: HI
Calendar Year-To-Date Per Election for Office Sought	, ,	336.98	Disburser 2016	nent For: Other (s	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			. [7	17.86
(b) SUBTOTAL of Unitemized Independent Expenditure:	s		•			
(c) TOTAL Independent Expenditures			•		-	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	/ 31	201	
Signature						

PAGE	252	OF	362	
FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	I EADEDOUID I	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE, AUTHENTIC, RESPONSIVE YOU AND FOR AMERICA	LEADERSHIP	C C00573154
Check if 24-hour report 48-hour report New report	port Amends repo	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 23 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.93
BEVERLY MA	01915	Transaction ID : SE24.524 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 23 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	2583.19	Disbursement For: Primary General 2016
		U Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.93
BEVERLY MA	01915	Transaction ID : SE24.525 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		17.86
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron	nically Filed]	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	

PAGE	253	OF	362	
FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESE	PONSIVE	I FADERSHIP I	FOR	FEC ID	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	ONONE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /		Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				05	23	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.526 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State:IL
Calendar Year-To-Date Per Election for Office Sought	, , , ,	336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Dat			/Dissemination
Mailing Address 83 CABOT ST			Am	ount	23	2013
City	State	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.527 ursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: IN
Calendar Year-To-Date Per Election for Office Sought	7	336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	-		17.86
(b) SUBTOTAL of Unitermized Independent Expenditu	res		•	7	1 1 3	
(c) TOTAL Independent Expenditures			•		1 1 4	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
CHRIS MARSTON	[Electroni	ically Filed] Date	, 07 N	31	/ Y Y 201	
Signature						

PAGE	254	OF	362
FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP I	=OR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /		Y = Y = Y
Full Name of Payee SWIFTKURRENT			Dat			Dissemination
				05	23	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.528 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT			Dat			Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.529 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: KY
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures.			•		7	17.86
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	-	7	
(c) TOTAL Independent Expenditures			•	7	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M = M 07	31	/ Y Y 201:	
Signature						

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FOR L	INE 24	OF F	ORM 3X

				[F	OR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	-OR	FEC IDE	ENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE I		Oit	Cc	00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public		Dissemination
				05	23	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code				8.93
BEVERLY	MA	01915			SE24.530 sement or O	bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Soug	ıht:	House I	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: [Primary	General
Full Name of Payee SWIFTKURRENT			Date	e of Public	Distribution/	Dissemination 2015
Mailing Address 83 CABOT ST			Amo		20	2010
City	State	Zip Code				8.93
BEVERLY	MA	01915			: SE24.531 sement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: MA
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: [Other (spe	Primary ecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures.			• [1 7		17.86
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7		
(c) TOTAL Independent Expenditures			•	7	- 4	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	201	
Signature						

PAGE	256	OF	=	362	
FOR L	INE 24	OF	FC	RM:	3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE EE/IBENOIM 1 OI	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on May / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 23 2015
Mailing Address 83 CABOT ST		Amount
City Sta	te Zip Code	8.93
BEVERLY MA	01915	Transaction ID : SE24.532 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis 201	sbursement For: X Primary General Other (specify) >
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 05 23 2015
Mailing Address 83 CABOT ST		Amount
City	te Zip Code	8.93
BEVERLY MA	A 01915	Transaction ID: SE24.533 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis 20	sbursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	•	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	117117117
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature	_	

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	-OR	FEC ID	ENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE I		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public		Dissemination
				05	23	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915			: SE24.534 irsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: Other (sp	Primary ecify) ▶	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915): SE24.535 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MN
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: Other (sp	Primary Decify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures.			· [- 7	7	17.86
(b) SUBTOTAL of Uniternized Independent Expenditure	es		•	-	7	
(c) TOTAL Independent Expenditures			•	- 7	4	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ Y Y 201	
Signature					-	

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FOR I	INE 24	OF F	ORM 3X	

					FOR LINE 2	4 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE I	LEADERSHIP F	FOR			ON NUMBER ▼
	DU AND FOR AMERICA			C	C00573154	
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed o	n /	D D /	Y Y Y
- [1	Full Name of Payee SWIFTKURRENT			Date of Public	Distribution/l	Dissemination
	Mailing Address			05 /	23	2015
ľ	83 CABOT ST			Amount		
-	City State	Zip Code				8.93
	BEVERLY MA	01915		ransaction ID Date of Disbu	: SE24.536 irsement or O	bligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05	23	2015
Ī	Name of Federal Candidate	X Support	Office S	Sought:	House I	District:
	CARLY FIORINA	Oppose	X	President	Senate	State: MO
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disburs 2016	ement For:	Primary	General
⊢	Full Name of Page			Other (sp		
	Full Name of Payee SWIFTKURRENT			Date of Public	/ D D /	Dissemination
	Mailing Address 83 CABOT ST			Amount	23	2015
-	City State	Zip Code				8.93
	BEVERLY MA	01915	I .	ransaction ID	D: SE24.537 ursement or C	
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 N	23	2015
	Name of Federal Candidate	X Support	Office	Sought:	House	District:
L	CARLY FIORINA	Oppose	X	President	Senate	State: MP
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disburs 2016	sement For: Other (sp	Primary Decify) ►	General
(a	a) SUBTOTAL of Itemized Independent Expenditures					17.86
			1			
(k	b) SUBTOTAL of Unitemized Independent Expenditures		•			
(0	c) TOTAL Independent Expenditures		•	1 7		
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.					
	CHRIS MARSTON [Electroni	ically Filed] Date	M 07	/ D D 31	/ Y Y 2015	Y
	Signature	_ Date			-	

PAGE	259	OF	: ;	362	
FOR L	INE 24	OF	FOF	RM	ЗХ

				FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE LEA	DERSHIP F	FOR	FEC IDENTIFICATI	ON NUMBER ▼
YOU AND FOR AMERICA		(DEIXOIIII I		C C00573154	
Check if 24-hour report 48-hour report	New report	Amends repo		"M / D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date of	of Public Distribution	
			M	05 23	2015
Mailing Address 83 CABOT ST			Amou	nt	
City	tate Zip (Code	— F:		8.93
BEVERLY	1A 019 ⁻	15		ction ID: SE24.538 of Disbursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Cat	egory/ Type		05 / 23	2015
Name of Federal Candidate		X Support	Office Sough	t: House	District:
CARLY FIORINA		Oppose	X Preside	ent Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursemen 2016 O	t For:	General
Full Name of Payee SWIFTKURRENT			Date	of Public Distribution	/Dissemination 2015
Mailing Address 83 CABOT ST			Amou	nt	
City	tate Zip (Code			8.93
	MA 019	15		ction ID : SE24.539 of Disbursement or	Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Cat	egory/ Type		05 / 23 /	2015
Name of Federal Candidate		X Support	Office Sough	it: House	District:
CARLY FIORINA		Oppose	X Preside	ent Senate	State: MT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursemen 2016 O	nt For: X Primary	y General
(a) SUBTOTAL of Itemized Independent Expenditures			.	7	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•		
(c) TOTAL Independent Expenditures			•	7 1 7	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized com				
CHRIS MARSTON	[Electronically	Filed] Date	07 /	31 / 201	
Signature					

PAGE	260	OF	362
FOR L	INE 24	OF I	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LEADEROIM	C C00573154
Check if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 23 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.93
BEVERLY MA	01915	Transaction ID : SE24.540 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 23 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016 Other (applie)
5 11 11 (2)		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		05 23 2015 Amount
City State	Zip Code	8.93
BEVERLY MA	01915	Transaction ID : SE24.541 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		17.86
(-)		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron	nically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR					
	YOU AND FOR AMERICA					
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	ort filed o	n M = M	/ D D /	Y = Y = Y
1	Full Name of Payee SWIFTKURRENT			Date of Publ	lic Distribution/	Dissemination
-	Mailing Address			05 ^M	23	2015
	Mailing Address 83 CABOT ST			Amount		
ŀ	City State	Zip Code				8.93
	BEVERLY MA	01915			D: SE24.542 oursement or C	Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05	23	2015
ı	Name of Federal Candidate	X Support	Office	Sought:	House	District:
	CARLY FIORINA	Oppose	X	President	Senate	State: NE
١	Calendar Year-To-Date Per Election for Office Sought	336.98	Disburs 2016	sement For:	Primary	General
-	Full Name of Payer				specify)	(5)
	Full Name of Payee SWIFTKURRENT			M = M	lic Distribution	Y = Y = Y = Y
ľ	Mailing Address 83 CABOT ST			05 Amount	23	2015
┢	City State	Zip Code				8.93
	BEVERLY MA	01915	Т		ID: SE24.543 oursement or C	Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		M M 05	23	2015
ľ	Name of Federal Candidate	X Support	Office	Sought:	House	District:
	CARLY FIORINA	Oppose	X	President	Senate	State: NH
	Calendar Year-To-Date Per Election for Office Sought	2583.19	Disbur 2016	sement For: Other (s	X Primary	General
(a	a) SUBTOTAL of Itemized Independent Expenditures					17.86
					7	
(I	b) SUBTOTAL of Unitemized Independent Expenditures		•			
(0	c) TOTAL Independent Expenditures		•	-9		
W	Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.					
	CHRIS MARSTON [Electroni	ically Filed] Date	M 07	M / D 1	201	5 Y
	Signature	_ Date			نسا ١	

PAGE	262	OF	362
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN FUII) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOTICE LET (BET(OFIII TO)	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 23 2015
Mailing Address 83 CABOT ST		Amount
City Stat	e Zip Code	8.93
BEVERLY MA	01915	Transaction ID : SE24.544 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 23 7 2015
Name of Federal Candidate	Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis 201	bursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 05 23 2015
Mailing Address 83 CABOT ST		Amount
City	te Zip Code	8.93
BEVERLY MA	A 01915	Transaction ID: SE24.545 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature		

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						FOR LINE 2	4 OF FORM 3X
	OF COMMITTEE (In Full)				FEC II	DENTIFICATION	ON NUMBER ▼
	CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA						
Check	if 24-hour report 48-hour report	New rep	port Amends repo	ort filed o	n M M		Y = Y = Y
	II Name of Payee				Date of Publi	c Distribution/	Dissemination
S	WIFTKURRENT				05	23	2015
Ma	ailing Address 83 CABOT ST				Amount		
Cit	ty EVERLY	State MA	Zip Code 01915		ransaction IE	D: SE24.546 ursement or C	8.93
	rpose of Expenditure DVERTISING - ONLINE		Category/ Type		05	23	2015
	me of Federal Candidate ARLY FIORINA		Support Oppose	Office S	Sought:	House Senate	District:
	Calendar Year-To-Date Per Election for Office Sought	7 7	336.98		ement For: Other (sp	X Primary	
	III Name of Payee				Date of Publi	ic Distribution	/Dissemination
Ma	ailing Address 83 CABOT ST				05 Amount	23	2015
Ci	ty	State	Zip Code				8.93
В	EVERLY	MA	01915		ransaction II Date of Disb	D : SE24.547 ursement or 0	Obligation
_	irpose of Expenditure DVERTISING - ONLINE		Category/ Type		05	23	2015
	ame of Federal Candidate ARLY FIORINA		Support Oppose		Sought:		District:
	Calendar Year-To-Date Per Election for Office Sought	, , ,	336.98		sement For: Other (sp	X Primary	
(a)	SUBTOTAL of Itemized Independent Expenditure	es			1 1 7		17.86
(b)	SUBTOTAL of Unitemized Independent Expendit	tures		- -			
(c)	TOTAL Independent Expenditures			·· •	7		
with	ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate y committee) any political party committee or its	ate or authorize					
_	CHRIS MARSTON	[Electron	nically Filed] Date	e 07	/ 31	/ Y Y 201	5 -
	Signature						

PAGE	264	OF	362
FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	-OR	FEC ID	ENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	31 10 11 L		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public		Dissemination
				05	23	2015
Mailing Address 83 CABOT ST			Amo	ount		
City Sta	tate	Zip Code				8.93
BEVERLY M.	1A	01915			: SE24.548 irsement or C	bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: OH
Calendar Year-To-Date Per Election for Office Sought		336.97	Disburseme	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo	ount		
City	tate	Zip Code				8.93
BEVERLY M	MA	01915): SE24.549 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	dent	Senate	State: OK
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [- 7		17.86
(b) SUBTOTAL of Unitemized Independent Expenditures	S		· -	-		
(c) TOTAL Independent Expenditures			•	- 7-	7	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ Y Y 201	
Signature					-	

PAGE	265	OF	362
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE I	I EADERSHID E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LEADEROIII	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on Mam / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.93
BEVERLY MA	01915	Transaction ID : SE24.550 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 23 / 2015
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016
5 11 11 12		Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		05 23 2015 Amount
City State	Zip Code	8.93
BEVERLY MA	01915	Transaction ID : SE24.551 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 23 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	336.97	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		17.86
(a) 30210112 of homizou mappindon Exponditation		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electroni	cally Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X

				FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573154
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
ŀ	Mailing Address			05 / 23 / 2015
	83 CABOT ST			Amount
ŀ	City State	Zip Code		8.93
	BEVERLY MA	01915		Transaction ID : SE24.552 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: PR
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disbu 2016	rsement For: Primary General
ŀ				Other (specify)
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-	Mailing Address 83 CABOT ST			05 23 2015 Amount
ŀ	City State	Zip Code		8.93
	BEVERLY MA	01915		Transaction ID : SE24.553 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 / 23 / 2015
	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: RI
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disbu 2016	orsement For:
	o) CUDTOTAL of Housing deal adaptated Functional			17.00
(-	a) SUBTOTAL of Itemized Independent Expenditures		•	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		•	
W	Inder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		ically Filed] Date	M 0	7 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

PAGE	267	OF	362 ORM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	SIVE LEADERSHIP FOR
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report	ew report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 8.93
BEVERLY MA	01915 Transaction ID : SE24.554 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 05 23 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination 05 23 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 8.93
BEVERLY MA	01915 Transaction D : SE24.555 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 05 23 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON	Electronically Filed] Date 07 31 2015
Signature	

PAGE	268	OF	362	
FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	-OR	FEC ID	ENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	01101121		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				05	23	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915			: SE24.556 rsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M /	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: TN
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	ent For: Other (spe	✓ Primary ecify) ►	General
Full Name of Payee SWIFTKURRENT						/Dissemination 2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915): SE24.557 irsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	dent	Senate	State: TX
Calendar Year-To-Date Per Election for Office Sought	7	336.96	Disburseme 2016	ent For: Other (sp	Primary Pecify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [17.86
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7		
(c) TOTAL Independent Expenditures			•	-	1 2	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ Y Y 201	
Signature						

PAGE	269	OF	362	
FOR L	INE 24	OF	FORM 3X	

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	=OR	FEC ID	ENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	01101121		Ort	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
			[05	23	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code				8.93
BEVERLY	MA	01915			: SE24.558 irsement or C	bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Soug	jht:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: UT
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	ent For: Other (sp	Primary ecify) ▶	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo			
City	State	Zip Code				8.93
BEVERLY	MA	01915): SE24.559 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: VA
Calendar Year-To-Date Per Election for Office Sought	7	336.96	Disburseme 2016	ent For: Other (sp	Primary Pecify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures.			· [7	17.86
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	4	7	
(c) TOTAL Independent Expenditures			•	-7		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ Y Y 201	
Signature		-				

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FOR L	INE 24	OF	FORM 3X	

				FOR LINI	E 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	-OR	FEC IDENTIFICA	TION NUMBER ▼
YOU AND FOR AMERICA	014017	.E/\DEI\OIIII I	OIX	C C0057315	1
Check if 24-hour report 48-hour report	New repor	rt Amends repo		M = M / D = D	/
Full Name of Payee SWIFTKURRENT				of Public Distributi	
			[05 / 23	2015
Mailing Address 83 CABOT ST			Amo	unt	
City	tate 2	Zip Code	ΗГ.		8.93
BEVERLY	ИΑ	01915		action ID : SE24.56 of Disbursement of	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [05 / 23	2015
Name of Federal Candidate		X Support	Office Soug	ht: House	District:
CARLY FIORINA		Oppose	X Presid	dent Senate	State: VI
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	nt For:	ary General
Full Name of Payee SWIFTKURRENT			Date	of Public Distribution	on/Dissemination
Mailing Address 83 CABOT ST			Amo		2013
City	State	Zip Code	ΗГ.		8.93
BEVERLY	MA	01915		action ID : SE24.50 of Disbursement of	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [05 / 23	2015
Name of Federal Candidate		X Support	Office Soug	ght: House	District:
CARLY FIORINA		Oppose	X Presid	dent Senate	State: VT
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	ent For:	ary General
(a) SUBTOTAL of Itemized Independent Expenditures			.		17.86
(b) SUBTOTAL of Unitemized Independent Expenditures	S		· [
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized				
CHRIS MARSTON	[Electronic	ally Filed] Date	07 /		015
Signature					

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	FOR	FEC II	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE I			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D = D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Dat			Dissemination
				M 05	23	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.562 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: WA
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination
Mailing Address 83 CABOT ST			Am	ount	20	2010
City	State	Zip Code				8.93
BEVERLY	MA	01915			D: SE24.563 ursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	23	2015
Name of Federal Candidate		X Support	Office Sou	ıght:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: WI
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursen 2016	nent For: Other (s	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures.			•		1 1 4	17.86
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	/ 31	/ Y Y 201	
Signature						

PAGE	272	OF	: 3	862	
FOR L	INE 24	OF	FOR	м зх	Т

				FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE LEA	DERSHIP I	FOR	FEC IDENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA		DEIXOI III I		C C00573154	
Check if 24-hour report 48-hour report	New report	Amends repo		- M / D - D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date of	of Public Distribution	/Dissemination
			M	05 / 23 /	2015
Mailing Address 83 CABOT ST			Amou	nt	
City St	ate Zip C	ode	— Г.		8.93
BEVERLY	IA 0191	5		ction ID : SE24.564 of Disbursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Cate	egory/ Type		05 / 23 /	2015
Name of Federal Candidate		X Support	Office Sough	t: House	District:
CARLY FIORINA		Oppose	X Preside	ent Senate	State: WV
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursemen 2016 O	t For:	General
Full Name of Payee SWIFTKURRENT			Date	of Public Distribution	/Dissemination
Mailing Address 83 CABOT ST			Amou		20.0
City	tate Zip C	ode			8.93
BEVERLY	MA 0191	5	I	ction ID : SE24.565 of Disbursement or (Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Cate	egory/ Type	N	05 / 23	2015
Name of Federal Candidate		X Support	Office Sough	nt: House	District:
CARLY FIORINA		Oppose	X Preside	ent Senate	State: WY
Calendar Year-To-Date Per Election for Office Sought	7	336.96	Disbursemen 2016 O	nt For: X Primary	/ General
(a) SUBTOTAL of Itemized Independent Expenditures			.	7	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•		
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized comm				
CHRIS MARSTON	[Electronically I	Filed] Date	07 /	31 / 201	
Signature					

PAGE	273	OF	362
FOR L	INE 24	OF	FORM 3X

				FO	R LINE 24	FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	=OR	FEC IDEN	TIFICATIO	N NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !		OIT	C coo	573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / I	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			_			Dissemination
			[05	28	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			8.03
BEVERLY	MA	01915		action ID : S of Disburse		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [05	28	2015
Name of Federal Candidate		X Support	Office Soug	ht:	House [District:
CARLY FIORINA		Oppose	X Presid	dent S	Senate	State: AK
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	nt For: X	•	General
Full Name of Payee SWIFTKURRENT				of Public D		Dissemination 2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code				8.03
BEVERLY	MA	01915		action ID: S of Disburse		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [M M /	28	2015
Name of Federal Candidate		X Support	Office Soug	ıht:	House [District:
CARLY FIORINA		Oppose	X Presid	dent	Senate	State: AL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	ent For: X	Primary fy) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures.			· [7	7-	16.06
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	-7-	-7	454
(c) TOTAL Independent Expenditures			· -	-7-	-7-	A-0-2-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M M /	31 /	2015	YYY
Signature						

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONO.VE			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.568 ursement or C	bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT			Dat			Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount	20	2013
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.569 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: AS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	✓ Primary pecify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures.			. [7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•			
(c) TOTAL Independent Expenditures			•	- 4-		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	, 07	31	/ Y Y 201	
Signature		_				

PAGE	275	OF	362
FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESI	PONSIVE	I FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	CITOITE			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.570 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought	, , , ,	336.98	Disburseme 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT						/Dissemination 2015
Mailing Address 83 CABOT ST			Ame	ount		2010
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.571 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures	S		• <u></u>		7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	- 7	7	
(c) TOTAL Independent Expenditures			•	- 4		
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized					
CHRIS MARSTON	[Electroni	ically Filed] Date	, 07	31	/ Y Y 201	
Signature						

PAGE	276	OF	362
FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPC	NSIVE I	FADERSHIP F	-OR	FEC ID	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA)		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date	of Public	Distribution/	Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Amo	ount		
City Sta	ate	Zip Code				8.03
BEVERLY M.	IA .	01915			: SE24.572 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: CO
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: Other (sp	Primary pecify) ▶	General
Full Name of Payee SWIFTKURRENT						/Dissemination
Mailing Address 83 CABOT ST			Amo		20	2010
City	tate	Zip Code				8.03
BEVERLY M	MA	01915			D: SE24.573 ursement or (Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	dent	Senate	State: CT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures	3		· • [-7	7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ 201	
Signature						

PAGE	277	OF	362
FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHI YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report New report Amends in	report filed on
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	05 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State Zip Code	8.03
BEVERLY MA 01915	Transaction ID : SE24.574 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE Category/ Type	05 28 7 2015
Name of Federal Candidate Suppor	rt Office Sought: House District:
CARLY FIORINA Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 336.98	Disbursement For: Primary General 2016
	Other (specify) ▶
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	05
City State Zip Code	8.03
BEVERLY MA 01915	Transaction ID : SE24.575 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE Category/ Type	05 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	rt Office Sought: House District:
CARLY FIORINA Oppose	e President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought 336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	······ >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
CHRIS MARSTON [Electronically Filed]	Opto 07 31 2015
Signature	Date 07 31 2015

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FOR L	INE 24	OF FO	ORM 3X

			FOR LINE 24	OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSI	VE I EADERSHIP FO	∩R F	EC IDENTIFICATION	I NUMBER ▼
YOU AND FOR AMERICA	VE ELADEROIII TO		C C00573154	
Check if 24-hour report 48-hour report New	v report Amends report	filed on	M / D D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT		Date of	Public Distribution/Di	
		O		2015
Mailing Address 83 CABOT ST		Amount		
City State	Zip Code			8.03
BEVERLY MA	01915		ion ID : SE24.576 Disbursement or Obl	ligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	0		2015
Name of Federal Candidate	X Support	Office Sought:	House Di	strict:
CARLY FIORINA	Oppose	X Presiden	t Senate S	State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement 2016		General
	,		er (specify) ▶	
Full Name of Payee SWIFTKURRENT		M		Y . Y . Y . Y
Mailing Address 83 CABOT ST		Amount	28	2015
City State	Zip Code			8.03
BEVERLY MA	01915		ion ID : SE24.577 Disbursement or Ob	ligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	M	05 / 28 /	2015
Name of Federal Candidate	X Support	Office Sought:	House Di	strict:
CARLY FIORINA	Oppose	X Presiden	st Senate	State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement 2016 Oth	For:	General
(a) SUBTOTAL of Itemized Independent Expenditures		· []	7 7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures		· []	7	
(c) TOTAL Independent Expenditures		· [7 7	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.				
CHRIS MARSTON [Elec	ctronically Filed] Date	07 /	31 / 2015	Υ
Signature				

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESF	PONSIVE	I FADERSHIP I	-OR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONONE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public	Distribution/	Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			: SE24.578 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: GU
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
Full Name of Payee			Dat			/Dissemination
SWIFTKURRENT				M M M /	/ 28 /	2015
Mailing Address 83 CABOT ST			Am	ount	20	20.0
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.579 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: HI
Calendar Year-To-Date Per Election for Office Sought	, , , ,	336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditure	res		• •	-7-	7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	М I M	31	/ Y Y 201:	
Signature					-	

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE LEADEROIM TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 28 2015
Mailing Address 83 CABOT ST		Amount
City Sta	te Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.580 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 28 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	2583.19 Dist 201	bursement For: X Primary General 6 Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 05 28 2015
Mailing Address 83 CABOT ST		Amount
City Sta	te Zip Code	8.03
BEVERLY M	A 01915	Transaction ID : SE24.581 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures	·	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR I	INF 24	OF FO	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	FOR	FEC ID	ENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	01101121		OIX	C	00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			_			Dissemination
			[05	28	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΗГ.			8.03
BEVERLY	MA	01915			: SE24.582 rsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [05	28	2015
Name of Federal Candidate		X Support	Office Soug	ht:	House	District:
CARLY FIORINA		Oppose	X Presid	dent	Senate	State:IL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	nt For: Other (spe	Primary	General
Full Name of Payee SWIFTKURRENT						Dissemination
Mailing Address 83 CABOT ST			Amo		20	2013
City	State	Zip Code				8.03
BEVERLY	MA	01915			: SE24.583 rsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Soug	jht:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: IN
Calendar Year-To-Date Per Election for Office Sought	7	336.98	Disburseme 2016	ent For: Other (spe	✓ Primary ecify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures.			• [7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •			
(c) TOTAL Independent Expenditures			· [7	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 /	31	/ Y Y 201:	
Signature						

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FOR L	INE 24	OF	FC	RM	ЗХ

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONO.VE			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Dat			Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.584 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination
Mailing Address 83 CABOT ST			Am	ount	20	2010
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.585 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ıght:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: KY
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures.				7		16.06
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•			
(c) TOTAL Independent Expenditures			•		7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	, M M M	/ 31	/ Y Y 201	
Signature		_				

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FOR L	INE 24	OF I	FORM 3X

				FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP F	OR	FEC IDENTIFICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573154
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-	Mailing Address			05 28 7 2015
	83 CABOT ST			Amount
ŀ	City State	Zip Code		8.03
	BEVERLY MA	01915		Transaction ID : SE24.586 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 28 / Y Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbui 2016	rsement For: Primary General
ŀ		1 / 1 / 1		Other (specify) -
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination Mark
	Mailing Address 83 CABOT ST			Amount
ŀ	City State	Zip Code		8.03
	BEVERLY MA	01915	-	Transaction ID : SE24.587 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 28 2015
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures			16.06
(ay dob to the time of time of time of the time of time of time of the time of time			10.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7
(c) TOTAL Independent Expenditures		•	1 1 7 1 1 7 1
W	Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		ically Filed] Date	M 07	M / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN FUII) CONSERVATIVE, AUTHENTIC, RESPON	NSIVE I FADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	VOIVE EE/OEINOIM TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 28 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.588 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis	sbursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.589 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 28 2015
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	>	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature		

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.590 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT			Dat			/Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.591 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MN
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures.			>	7	7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	-	7	
(c) TOTAL Independent Expenditures			•	-		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	, 07	31	/ 201	
Signature						

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FOR L	INE 24	OF FO	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (IN FUII) CONSERVATIVE, AUTHENTIC, RESF	PONSIVE	I FADERSHIP I	=OR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONONE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Dat	e of Public	Distribution/	Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			: SE24.592 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MO
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary	General
Full Name of Payee	,		Dat			/Dissemination
SWIFTKURRENT			Dat	M M M 05	/ 28 /	2015
Mailing Address 83 CABOT ST			Am	ount	20	2010
City	State	Zip Code				8.04
BEVERLY	MA	01915			D: SE24.593 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MP
Calendar Year-To-Date Per Election for Office Sought	, , , ,	336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures	·		• [7	7	16.07
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	-7-	7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	М = M	/ 31	/ Y Y 201:	
Signature					-	

PAGE	287	OF	362
FOR L	INE 24	OF F	ORM 3X

				FOR L	INE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE I	LEADERSHIP I	FOR		ICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573	154
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on M M / D I	D / Y Y Y Y
	Full Name of Payee SWIFTKURRENT			Date of Public Distrib	oution/Dissemination
-	Moiling Address			05 / 28	
١	Mailing Address 83 CABOT ST			Amount	
ŀ	City State	Zip Code			8.03
	BEVERLY MA	01915		Transaction ID : SE24 Date of Disbursemen	
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 / 28	
Ī	Name of Federal Candidate	X Support	Office	Sought: Hous	se District:
	CARLY FIORINA	Oppose	X	President Sena	ate State: MS
١	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbui 2016		rimary General
-	Full Name of Davis			Other (specify)	
١	Full Name of Payee SWIFTKURRENT			Date of Public Distrik	D / Y Y Y Y Y
ľ	Mailing Address 83 CABOT ST			Amount 25	8 2015
ŀ	City State	Zip Code			8.03
١	BEVERLY MA	01915	-	Transaction ID : SE24 Date of Disbursemer	
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 / 28	D / Y Y Y Y Y
ľ	Name of Federal Candidate	X Support	Office	Sought: Hou	se District:
	CARLY FIORINA	Oppose	X	President Sen	ate State: MT
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rsement For: X Pi Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		. •		16.06
				7	7
(b) SUBTOTAL of Unitemized Independent Expenditures		. ▶		
(c) TOTAL Independent Expenditures		. ▶	4	7
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
	CHRIS MARSTON [Electroni	ically Filed] Date	M 07	M / D D / Y	2015
	Signature	_ Date			

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FOR L	INE 24	OF	FC	RM	ЗХ

				FO	R LINE 24	OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	=OR	FEC IDEN	TIFICATIO	N NUMBER ▼
YOU AND FOR AMERICA	01101121		Oit	C C00	573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D	D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			_			issemination
			[05	28	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΠГ.			8.04
BEVERLY	MA	01915		action ID : S of Disburser		oligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [05	28	2015
Name of Federal Candidate		X Support	Office Soug	ht:	House D	istrict:
CARLY FIORINA		Oppose	X Presid	dent S	Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	nt For: X		General
Full Name of Payee SWIFTKURRENT				of Public Di		Dissemination 2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code			1 00	8.04
BEVERLY	MA	01915		action ID : S of Disburser		oligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [05	28 /	2015
Name of Federal Candidate		X Support	Office Soug	ıht:	House D	District:
CARLY FIORINA		Oppose	X Presid	dent S	Senate	State: ND
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	ent For: X	Primary y)	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [7		16.08
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • [7	-7-	
(c) TOTAL Independent Expenditures			•	4	- 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 /	31 /	2015	Y Y
Signature						

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESI	PONSIVE	I FADERSHIP I	FOR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.598 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: NE
Calendar Year-To-Date Per Election for Office Sought	, , , ,	336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT			Dat			/Dissemination 2015
Mailing Address 83 CABOT ST			Am	ount		
City	State	Zip Code				8.04
BEVERLY	MA	01915			D: SE24.599 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought	, , ,	2583.19	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures	S		. [7	7	16.07
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•			
(c) TOTAL Independent Expenditures			•	-7-		
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized					
CHRIS MARSTON	[Electron	ically Filed] Date	, M M M	31	/ Y Y 201	
Signature						

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE, AUTHENTIC, RESPONSIVE YOU AND FOR AMERICA	ELEADERSHIP F	C C00573154
Check if 24-hour report 48-hour report New re	port Amends repor	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 28 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.04
BEVERLY MA	01915	Transaction ID: SE24.600 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 28 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016
Full Name of Prince		Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination O5 28 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.04
BEVERLY MA	01915	Transaction ID : SE24.601 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 28 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		16.08
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
CHRIS MARSTON [Electro	onically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	

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FOR L	INE 24	OF	FORM 3X

				FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573154
Che	cck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-	Mailing Address			05 28 7 2015
	83 CABOT ST			Amount
ŀ	City State	Zip Code		8.04
	BEVERLY MA	01915		Transaction ID : SE24.602 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 / 28 / Y Y Y Y
ı	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rrsement For: X Primary General Other (specify) ▶
ŀ	Full Name of Payee			Date of Public Distribution/Dissemination
	SWIFTKURRENT			05 28 2015
ľ	Mailing Address 83 CABOT ST			Amount
ŀ	City State	Zip Code		8.04
	BEVERLY MA	01915		Transaction ID : SE24.603 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		05 28 2015
ı	Name of Federal Candidate	X Support	Office	e Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: NY
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures			16.08
`	,			1 1 1/2 1 1 1/2 1 1 1/2
(b) SUBTOTAL of Unitemized Independent Expenditures		• •	
(c) TOTAL Independent Expenditures		•	
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		ically Filed] Date	, M	7 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	EADERSHIP I	=OR	FEC ID	ENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE		OIX	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public	: Distribution/	Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code				8.03
BEVERLY	MA	01915			: SE24.604 rsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Soug	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: OH
Calendar Year-To-Date Per Election for Office Sought		336.97	Disburseme	ent For: Other (spe	✓ Primary ecify) ►	General
Full Name of Payee						Dissemination
SWIFTKURRENT				M M /	28	2015
Mailing Address 83 CABOT ST			Amo			.20,0
City	State	Zip Code	-			8.03
BEVERLY	MA	01915			: SE24.605 rsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M /	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: OK
Calendar Year-To-Date Per Election for Office Sought		336.97	Disburseme 2016	ent For: Other (sp	Primary ecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures.			· [16.06
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • [7		
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ 201	
Signature		-				

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FOR L	INE 24	OF FO	ORM 3X

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	FOR	FEC I	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	31101V E 1			С	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M	/ D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Da			Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			An	nount		
City	tate	Zip Code				8.03
BEVERLY	1A	01915			D: SE24.606 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought		336.97	Disburser 2016	1	Primary	General
Full Name of Payee			Dá			/Dissemination
SWIFTKURRENT				05 N	/ 28 /	2015
Mailing Address 83 CABOT ST			Ar	nount		.20,0
City	tate	Zip Code	— г			8.03
BEVERLY	MA	01915			D: SE24.607 oursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: PA
Calendar Year-To-Date Per Election for Office Sought		336.97	Disburser 2016	nent For:	Primary Specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [1 1 4	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures	3		•			
(c) TOTAL Independent Expenditures			•		-	1 4
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M M M M M M M M M M M M M M M M M M M	/ 31	201	
Signature						

PAGE	294	OF	362 ORM 3X
FOR I	INF 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE I	I EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 28 / Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.608 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 28 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: PR
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For: Primary General 2016
5 11 11 12 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		05 28 2015 Amount
City State	Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.609 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 28 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For: X Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		16.06
(-)		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electroni	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHIP E	FOR FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LEADEROIN T	C C00573154
Check if 24-hour report 48-hour report New rep	ort Amends repor	t filed on Mam / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 28 7 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.610 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 28 2015
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	2683.13	Disbursement For: Primary General 2016
		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		05 28 2015 Amount
City State	Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.611 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		16.06
(-)		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron	nically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	FOR	FEC II	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	51 10 1121			C	C00573154	
Check if 24-hour report 48-hour report	New repo	rt Amends repo	ort filed on	M = M	/ D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Da	e of Publi	c Distribution/	Dissemination
				05 ^M	28	2015
Mailing Address 83 CABOT ST			Am	ount		
City	tate	Zip Code	-			8.03
BEVERLY	ЛΑ	01915			D: SE24.612 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ıght:	House	District:
CARLY FIORINA		Oppose	X Pres	sident	Senate	State: TN
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursen 2016	ent For: Other (sp	Primary pecify) ▶	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination
Mailing Address 83 CABOT ST			An	ount	20	2010
City	state	Zip Code				8.03
BEVERLY	MA	01915			D: SE24.613 ursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Soi	ıght:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State:TX
Calendar Year-To-Date Per Election for Office Sought	7	336.96	Disbursen 2016	nent For: Other (s	Primary pecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			•		1 1 7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures	S		• •			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 N	/ 31	/ 201	
Signature						

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FOR L	INE 24	OF	FO	RM	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE ELABERCIII 10	C C00573154
Check if 24-hour report 48-hour report	New report Amends report fil	led on Man / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 28 / Y 2015
Mailing Address 83 CABOT ST		Amount
City Sta:	te Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.614 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 28 / 2015
Name of Federal Candidate	X Support Of	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City	te Zip Code	8.03
BEVERLY MA	A 01915	Transaction ID : SE24.615 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 28 2015
Name of Federal Candidate	X Support Of	ffice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		16.06
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eit	
CHRIS MARSTON	[Electronically Filed] Date	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF FO	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	-OR	FEC ID	ENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	01101121		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				05	28	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				8.03
BEVERLY	MA	01915			: SE24.616 rsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: VI
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	ent For: Other (spe	Primary ecify) ▶	General
Full Name of Payee SWIFTKURRENT						/Dissemination
Mailing Address 83 CABOT ST			Amo		20	2013
City	State	Zip Code				8.03
BEVERLY	MA	01915			: SE24.617 irsement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		05	28	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	dent	Senate	State: VT
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburseme 2016	ent For: Other (sp	Primary ecify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			.			16.06
(b) SUBTOTAL of Uniternized Independent Expenditure	es		•	4	7	
(c) TOTAL Independent Expenditures			•	7	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ Y Y 201	
Signature						

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FOR L	INE 24	OF F	ORM 3X

				FOR	LINE 24	OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP F	=OR	FEC IDENTI	FICATION	I NUMBER ▼
YOU AND FOR AMERICA	01401121		OIX	C C0057	73154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D	D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date	of Public Distr		
			[28	2015
Mailing Address 83 CABOT ST			Amou	unt		
City	State	Zip Code	ΠГ.			8.03
BEVERLY	MA	01915		of Disburseme		igation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [28	2015
Name of Federal Candidate		X Support	Office Soug	ht: Ho	use Di	strict:
CARLY FIORINA		Oppose	X Presid	dent Se	nate S	State: WA
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement 2016	nt For: X	Primary •	General
Full Name of Payee SWIFTKURRENT			Date	of Public Dist		ssemination Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST			Amo		20	2010
City	State	Zip Code				8.03
BEVERLY	MA	01915		action ID : SE of Disburseme		ligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [28 /	2015
Name of Federal Candidate		X Support	Office Soug	ht: Ho	ouse Di	strict:
CARLY FIORINA		Oppose	X Presid	dent Se	nate :	State: WI
Calendar Year-To-Date Per Election for Office Sought	7	336.96	Disburseme 2016	nt For: X	Primary •	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [-7-	7	16.06
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	7		
(c) TOTAL Independent Expenditures			•	7	-	1.4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07 /	31 /	2015	Y
Signature						

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	SIVE LEADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	SIVE ELINDEROIM TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report fi	led on M M / D D / Y Y Y Y
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 28 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.620 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	ffice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General
	,	Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		05 28 2015 Amount
City State	Zip Code	8.03
BEVERLY MA	01915	Transaction ID : SE24.621 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 28 / 2015
Name of Federal Candidate	X Support O	ffice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: WY
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
CHRIS MARSTON	Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF FO	DRM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	SIVE I FADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	orve eeroem re	C C00573154
Check if 24-hour report 48-hour report N	ew report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		05 28 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	66.66
BEVERLY MA	01915	Transaction ID : SE24.317 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / DBD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support C	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	,	Date of Public Distribution/Dissemination
SWIFTKURRENT		Date of Public Distribution/Dissemination 05 28 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	66.66
BEVERLY MA	01915	Transaction ID : SE24.318 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	05 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support C	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		133.32
(,	,	7
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
CHRIS MARSTON	Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM 3
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	FEC IDENTIFICATION NUMBER
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report N	New report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	05 / 28 / 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 166.62
BEVERLY MA	01915 Transaction ID : SE24.319 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 05 28 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 1051.95
BEVERLY MA	01915 Transaction ID : SE24.329 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 01 / 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1218.57
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 07 31 2015
Signature	

PAGE	303	OF	362	
FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	FOR	FEC	IDENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	0110112			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M	/ D D /	Y T Y T Y
Full Name of Payee SWIFTKURRENT			Da	ate of Pub	lic Distribution/	
				06	01	2015
Mailing Address 83 CABOT ST			Ar	mount		
City	tate	Zip Code				1051.95
BEVERLY	ИΑ	01915			ID: SE24.330 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	01	2015
Name of Federal Candidate		X Support	Office Sc	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	esident	Senate	State: IA
Calendar Year-To-Date Per Election for Office Sought		2583.19	Disbursei 2016	ment For:	Primary specify) ▶	General
Full Name of Payee SWIFTKURRENT			D	M = M	olic Distribution	Y Y Y Y
Mailing Address 83 CABOT ST			A	06 mount	01	2015
City S	State	Zip Code				1051.95
BEVERLY	MA	01915			ID : SE24.331 bursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 06	01 /	2015
Name of Federal Candidate		X Support	Office So	ought:	House	District:
CARLY FIORINA		Oppose	X Pre	esident	Senate	State: SC
Calendar Year-To-Date Per Election for Office Sought		2683.13	Disburse 2016	ment For:	✓ Primary specify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			· •			2103.90
(b) SUBTOTAL of Unitemized Independent Expenditures	s		•		- 1 - 2	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M = M 07	/ 31	201	
Signature						

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESP	ONSIVE I	FADERSHIP I	FOR	FEC II	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	01101121			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M	/ D D /	Y = Y = Y = Y
Full Name of Payee SWIFTKURRENT			Da			Dissemination
				06	02	2015
Mailing Address 83 CABOT ST			An	nount		
City	State	Zip Code				1000.00
BEVERLY	MA	01915			D: SE24.320 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	02	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought		2583.19	Disbursen 2016	nent For: Other (s	✓ Primary pecify) ►	General
Full Name of Payee SWIFTKURRENT			Da			Dissemination
Mailing Address 83 CABOT ST			An	nount	OZ.	2010
City	State	Zip Code				1000.00
BEVERLY	MA	01915			D : SE24.321 Jursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	02	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: IA
Calendar Year-To-Date Per Election for Office Sought	7	2583.19	Disburser 2016	1	Primary pecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			. •		1 1 7	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •		7	
(c) TOTAL Independent Expenditures			•		7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M M M	/ 31	/ Y Y 201	
Signature						

PAGE	305	OF	362
FOR L	INE 24	OF F	ORM 3X

				FOR LINE 24 OF FORM 3X		
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼		
	YOU AND FOR AMERICA					
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y		
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination		
-	Mailing Address			06 02 4 2015		
	83 CABOT ST			Amount		
ŀ	City State	Zip Code		1000.00		
	BEVERLY MA	01915		Transaction ID : SE24.322 Date of Disbursement or Obligation		
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ŀ	Name of Federal Candidate	Support	Office	Sought: House District:		
	CARLY FIORINA	Oppose		President Senate State: SC		
	Calendar Year-To-Date Per Election for Office Sought	2683.13	Disbu 2016	rsement For: X Primary General		
	Fer Election for Office Sought			Other (specify) -		
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
-	Mailing Address 83 CABOT ST			Amount		
ŀ	City State	Zip Code		7.57		
	BEVERLY MA	01915		Transaction ID : SE24.622 Date of Disbursement or Obligation		
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ľ	Name of Federal Candidate	Support	Office	Sought: House District:		
	CARLY FIORINA	Oppose		President Senate State: AK		
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	orsement For:		
	c) CURTOTAL of Marriand Indonesia of Funerality			1007.57		
(a) SUBTOTAL of Itemized Independent Expenditures		• •	1007.57		
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7		
(c) TOTAL Independent Expenditures		•			
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	CHRIS MARSTON [Electron	ically Filed] Date	, M	7 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature					

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	SIVE LEADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	orve eeroem ro	C C00573154
Check if 24-hour report 48-hour report	New report Amends report fi	iled on / / / / /
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 / Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.623 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	ffice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ►
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 15 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.57
BEVERLY MA	01915	Transaction ID: SE24.624 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / D 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		15.14
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF	FORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN Full) CONSERVATIVE, AUTHENTIC, RESPON	NSIVE I FADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOTICE LET (BETOM TO)	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.625 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AS
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis 201	bursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City Stat	e Zip Code	7.57
BEVERLY MA	A 01915	Transaction ID : SE24.626 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	sbursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures		15.14
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOTICE LEARNING TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount
City Sta	te Zip Code	7.57
BEVERLY MA	A 01915	Transaction ID : SE24.627 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	336.98 Disl 201	bursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City	te Zip Code	7.57
BEVERLY M.	A 01915	Transaction ID: SE24.628 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis 201	bursement For: X Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures		15.14
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHID E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 / Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.629 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: CT
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 15 2015 Amount
City State	Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.630 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		15.14
(-) - - - - - - - - - -		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electroni	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF F	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN Full) CONSERVATIVE, AUTHENTIC, RESPON	NSIVE I FADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	TOTAL ELEMBERCOLLIN TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.631 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	bursement For: Primary General Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 15 2015
Mailing Address 83 CABOT ST		Amount
City	e Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.632 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	sbursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	>	15.14
(b) SUBTOTAL of Unitemized Independent Expenditures	>	
(c) TOTAL Independent Expenditures	·····	4-1-4-1-4-1
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature		

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FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	ISIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	ion e eembertoriii i or	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.633 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 15 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	336.98 Dist	bursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 15 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.634 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: GU
Calendar Year-To-Date Per Election for Office Sought	336.98 Disl 201	bursement For: X Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures		15.14
(b) SUBTOTAL of Unitemized Independent Expenditures	····	1171171171
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	312	OF	362	
FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	-OR	FEC ID	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	31 10 1121		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M /	D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				06	15	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	tate	Zip Code				7.57
BEVERLY	ИΑ	01915			SE24.635 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	15	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: HI
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	ent For: Other (sp	Primary Decify) ▶	General
Full Name of Payee SWIFTKURRENT						/Dissemination 2015
Mailing Address 83 CABOT ST			Amo			
City	tate	Zip Code				7.57
BEVERLY	MA	01915			D: SE24.636 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	15	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	dent	Senate	State:IA
Calendar Year-To-Date Per Election for Office Sought		2583.19	Disburseme 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [7	15.14
(b) SUBTOTAL of Unitemized Independent Expenditures	s		•			
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	31	/ Y Y 201:	
Signature					-	

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (IN FUII) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼		
YOU AND FOR AMERICA C C00573154				
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay		
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination		
		06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount		
City Sta	ate Zip Code	7.57		
BEVERLY MA	A 01915	Transaction ID : SE24.637 Date of Disbursement or Obligation		
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 15 2015		
Name of Federal Candidate	X Support Office	ce Sought: House District:		
CARLY FIORINA	Oppose	President Senate State: ID		
Calendar Year-To-Date Per Election for Office Sought	336.98 Dist 201	bursement For:		
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 83 CABOT ST		Amount		
City	ate Zip Code	7.57		
BEVERLY M	1A 01915	Transaction ID : SE24.638 Date of Disbursement or Obligation		
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support Offi	ce Sought: House District:		
CARLY FIORINA	Oppose	President Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	bursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	15.14		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	•			
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of eith			
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE L	EADERSHIP F	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LEADEROIN T	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.639 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016
Full Name of Power		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 15 2015 Amount
City State	Zip Code	7.57
BEVERLY MA	01915	Transaction ID : SE24.640 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		15.14
(a) GOD TO TAL OF NOTHIZED INDEPENDENT EXPONENTIAL CO.		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electronic	cally Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (IN Full) CONSERVATIVE, AUTHENTIC, RESPOR	NSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼			
YOU AND FOR AMERICA C C00573154					
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination			
		06 / 15 / 2015			
Mailing Address 83 CABOT ST		Amount			
City Stat	re Zip Code	7.57			
BEVERLY MA	01915	Transaction ID : SE24.641 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Office	ce Sought: House District:			
CARLY FIORINA	Oppose	President Senate State: KY			
Calendar Year-To-Date Per Election for Office Sought	336.98 Dist 201	bursement For:			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 83 CABOT ST		Amount			
City	te Zip Code	7.57			
BEVERLY MA	A 01915	Transaction ID : SE24.642 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Offi	ice Sought: House District:			
CARLY FIORINA	Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis 201	bursement For: X Primary General Other (specify) Other			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·				
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith				
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature	_				

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FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	-OR	FEC II	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA C C00573154						
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	M = M /	D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				06	15	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				7.56
BEVERLY	MA	01915			D: SE24.643 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	15	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: MA
Calendar Year-To-Date Per Election for Office Sought	1 1 7	336.98	Disburseme 2016	ent For: Other (sp	Primary	General
Full Name of Payee SWIFTKURRENT						/Dissemination 2015
Mailing Address 83 CABOT ST			Amo	ount		
City	State	Zip Code				7.56
BEVERLY	MA	01915			D : SE24.644 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	15	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MD
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursem 2016	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures	es		•	-7-	-	
(c) TOTAL Independent Expenditures			•	-9-		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electronic	cally Filed] Date	07	31	/ Y Y 201	
Signature						

PAGE	317	OF	362
FOR I	INF 24	OF F	ORM 3X

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIV	/E I EADERSHIP E	OR	FEC IDENTIFICAT	TION NUMBER ▼
YOU AND FOR AMERICA		C C00573154		
Check if 24-hour report 48-hour report New	report Amends report		M / D D	Y
Full Name of Payee SWIFTKURRENT		Date of	of Public Distribution	
			06 / 15	2015
Mailing Address 83 CABOT ST		Amour	nt	
City State	Zip Code			7.56
BEVERLY MA	01915		ction ID : SE24.645 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 / 15	2015
Name of Federal Candidate	X Support	Office Sought	t: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: ME
Calendar Year-To-Date Per Election for Office Sought		Disbursement		ry General
	7		ther (specify) ►	
Full Name of Payee SWIFTKURRENT			of Public Distributio	/ Y = Y = Y
Mailing Address 83 CABOT ST		Amou	06 15 nt	2015
City State	Zip Code			7.56
BEVERLY MA	01915		ction ID : SE24.640 of Disbursement or	6
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 15	2015
Name of Federal Candidate	X Support	Office Sough	t: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursemen 2016 O	t For:	ry General
(a) SUBTOTAL of Itemized Independent Expenditures		.	7	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		•	7	ATA.
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.				
CHRIS MARSTON [Elec	ctronically Filed] Date	07 /)15
Signature				

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FOR L	INE 24	OF	FORM 3X

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NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	SIVE LEADERSHIP FOR				
YOU AND FOR AMERICA C C00573154					
Check if 24-hour report 48-hour report N	lew report Amends report filed on Amends report				
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination				
	06 / D D D D D D D D D D D D D D D D D D				
Mailing Address 83 CABOT ST	Amount				
City State	Zip Code 7.56				
BEVERLY MA	01915 Transaction ID : SE24.647 Date of Disbursement or Obligation				
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 15 2015				
Name of Federal Candidate	Support Office Sought: House District:				
CARLY FIORINA	Oppose President Senate State: MN				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶				
Full Name of Payee SWIFTKURRENT Mailing Address as CAROT ST	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
83 CABOT ST	Amount				
City State BEVERLY MA	Zip Code 7.56 01915 Transaction ID : SE24.648				
Purpose of Expenditure	Date of Disbursement or Obligation				
ADVERTISING - ONLINE	Category/ Type 06 15 2015				
Name of Federal Candidate	Support Office Sought: House District:				
CARLY FIORINA	Oppose President Senate State: MO				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	>				
(c) TOTAL Independent Expenditures	>				
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political				
CHRIS MARSTON [1	Electronically Filed] Date 07 31 2015				
Signature					

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FOR L	INE 24	OF	FORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPC	ONSIVE I	FADERSHIP F	-OR	FEC II	DENTIFICATIO	ON NUMBER ▼
YOU AND FOR AMERICA	31 10 11 E 1		Oit	C	C00573154	
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	M = M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			Date			Dissemination
				06	15	2015
Mailing Address 83 CABOT ST			Amo	ount		
City	tate	Zip Code				7.56
BEVERLY M.	1A	01915			D: SE24.649 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	15	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Presi	dent	Senate	State: MP
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	ent For: Other (sp	Primary	General
Full Name of Payee						Dissemination
SWIFTKURRENT				M M M M M M M M M M M M M M M M M M M	/ 0 0 /	2015
Mailing Address 83 CABOT ST			Amo		10	2010
City St.	tate	Zip Code				7.56
BEVERLY	MA	01915			D: SE24.650 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		M M M 06	15	2015
Name of Federal Candidate		X Support	Office Sou	ght:	House	District:
CARLY FIORINA		Oppose	X Pres	ident	Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [1 7	7	15.12
(b) SUBTOTAL of Unitermized Independent Expenditures	3		•	-	7	
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized					
CHRIS MARSTON	[Electronia	cally Filed] Date	07	31	/ Y Y 201:	
Signature		-				

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FOR L	INE 24	OF	FORM	ЗХ

				FC	OR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP F	=OR	FEC IDEN	NTIFICATIO	N NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !		OIT	C co	0573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M /	D D /	Y = Y = Y
Full Name of Payee SWIFTKURRENT			_			Dissemination
			[06	15	2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code	ΠГ.			7.56
BEVERLY	MA	01915		action ID: S		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [06	15	2015
Name of Federal Candidate		X Support	Office Soug	ht:	House [District:
CARLY FIORINA		Oppose	X Presid	dent	Senate	State: MT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme 2016	nt For: 🔀 Other (speci	•	General
Full Name of Payee SWIFTKURRENT						Dissemination 2015
Mailing Address 83 CABOT ST			Amo	unt		
City	State	Zip Code				7.56
	MA	01915		action ID:		bligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type] [06 /	15	2015
Name of Federal Candidate		X Support	Office Soug	ht:	House I	District:
CARLY FIORINA		Oppose	X Presid	dent	Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburseme	nt For: \sum Other (spec	✓ Primary ify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			· [1 7 1	-T	15.12
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •		-	
(c) TOTAL Independent Expenditures			•	7	-7-	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electronia	cally Filed] Date	M M /	31	2015	y
Signature		-				

PAGE	321	OF	362	
FOR L	INE 24	OF F	ORM 3X	

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	ONSIVE I	FADERSHIP I	FOR	FEC I	DENTIFICATION	ON NUMBER ▼
YOU AND FOR AMERICA	ONOIVE !			C	C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M	/ D D /	Y Y Y Y Y Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			Da		lic Distribution/	
				06	15	2015
Mailing Address 83 CABOT ST			An	nount		
City	state	Zip Code				7.56
BEVERLY	MA	01915			D: SE24.653 oursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	15	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: ND
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburser 2016	1	Primary pecify) ▶	General
Full Name of Payee			Da	-		/Dissemination
SWIFTKURRENT				M M M 06	/ 15	2015
Mailing Address 83 CABOT ST			Ar	nount	10	2010
City	State	Zip Code	ΗГ			7.56
BEVERLY	MA	01915			ID : SE24.654 oursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	15 /	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: NE
Calendar Year-To-Date Per Election for Office Sought		336.98	Disburser 2016	nent For:	✓ Primary specify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures			. •			15.12
(b) SUBTOTAL of Unitemized Independent Expenditures	s		• •		7	
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	M M M	/ 31	201	
Signature						

PAGE	322	OF	362
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	JSIVE I FADERSHIP FO	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	torve eer to er toriii i o	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 / Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.655 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	2583.19 Dis 20°	sbursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.656 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 15 2015
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	>	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	323	OF	362
FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHIP E	FOR FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 / Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.657 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 15 2015 Amount
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.658 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		15.12
(a) CODITO IN LE OF ROTHE CONTROL EXPONENTIAL COMMISSION CONTROL CONTR		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron.	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR I	INF 24	OF I	FORM 3X

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	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573154
Che	cck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-				06 15 / 2015
	Mailing Address 83 CABOT ST			Amount
ŀ	City State	Zip Code		7.56
	BEVERLY MA	01915		Transaction ID : SE24.659 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 15 2015
ı	Name of Federal Candidate	Support	Office	Sought: House District:
	CARLY FIORINA	Oppose		President Senate State: NY
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rsement For:
ŀ				Other (specify) -
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-	Mailing Address 83 CABOT ST			06 15 2015 Amount
ŀ	City State	Zip Code		7.56
	BEVERLY MA	01915		Transaction ID : SE24.660 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought	336.97	Disbu 2016	orsement For:
	a) SUBTOTAL of Itemized Independent Expenditures			15.12
,	ay 300101AL of Remized independent Expenditures		•	13.12
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		. •	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized earty committee) any political party committee or its agent.			
	CHRIS MARSTON [Electroni	ically Filed] Date	M 07	7 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOTVE EE/IBENOTIII TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 2015
Mailing Address 83 CABOT ST		Amount
City	te Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.661 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis 201	sbursement For: X Primary General Other (specify) >
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City Sta	te Zip Code	7.56
BEVERLY MA	A 01915	Transaction ID : SE24.662 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis	sbursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	•	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	7 7 7
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature		

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FOR L	INE 24	OF F	ORM 3X	

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	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR			
	OU AND FOR AMERICA			C C00573154
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed o	on M = M / D = D / Y = Y = Y = Y
1	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-	Mailing Address			06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	83 CABOT ST			Amount
ı	City State	Zip Code		7.56
	BEVERLY MA	01915		Transaction ID : SE24.663 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	X Support	Office S	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: PA
1	Calendar Year-To-Date Per Election for Office Sought	336.97	Disburs 2016	sement For:
ŀ	Full Name of Page			
1	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 83 CABOT ST			Amount
ŀ	City State	Zip Code		7.56
	BEVERLY MA	01915		Transaction ID : SE24.664 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: PR
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disburs 2016	rsement For: X Primary Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			15.12
,				
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		•	7 7 7
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized earty committee) any political party committee or its agent.			
	CHRIS MARSTON [Electroni	cally Filed] Date	M 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Bate		

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FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHIP F	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.665 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For: Primary General 2016
5 11 11 12		U Other (specify) ►
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 15 2015 Amount
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.666 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	2683.13	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		15.12
(-)		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	328	OF	362	2
FOR L	INE 24	OF	FORM	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	ISIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	OIVE LEADEROIM TON	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.667 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offic	e Sought: House District:
CARLY FIORINA	Oppose	President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought	336.96 Disb 2016	ursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
SWIFTKURRENT		06 15 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.668 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	336.96 Disb 2010	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		15.12
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	24.0	

PAGE	329	OF	362
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE LEADEROIM 1 OF	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 2015
Mailing Address 83 CABOT ST		Amount
City Sta	te Zip Code	7.56
BEVERLY MA	A 01915	Transaction ID : SE24.669 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	336.96 Disk 2010	oursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City	ate Zip Code	7.56
BEVERLY	A 01915	Transaction ID: SE24.670 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	336.96 Dist	bursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	•	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1171171171
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR I	INF 24	OF FO	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FOI	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	TOTAL ELABERTONIII TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on May / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City	ate Zip Code	7.56
BEVERLY	A 01915	Transaction ID : SE24.671 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	336.96 Dis 201	sbursement For: X Primary General Other (specify) >
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City	ate Zip Code	7.56
BEVERLY M	MA 01915	Transaction ID : SE24.672 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	Y President Senate State: VI
Calendar Year-To-Date Per Election for Office Sought	336.96 Dis 20	sbursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	>	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

PAGE	331	OF	362
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	: I EADEDQUID	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE, AUTHENTIC, RESPONSIVE YOU AND FOR AMERICA		C C00573154
Check if 24-hour report 48-hour report New re	eport Amends repor	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 15 / Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.673 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Paves		
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 15 2015
Mailing Address 83 CABOT ST		Amount 2015
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.674 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		15.12
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
CHRIS MARSTON [Electro	onically Filed]	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	07 31 2015

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FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIIII I	C C00573154
Check if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.675 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For: Primary General 2016 Other (applie)
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 15 2015 Amount
City State	Zip Code	7.56
BEVERLY MA	01915	Transaction ID : SE24.676 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		15.12
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electron	nically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	333	OF	362
FOR L	INE 24	OF F	ORM 3X

			FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIV	/E I EADERSHIP E	OR	FEC IDENTIFICATI	ON NUMBER ▼
YOU AND FOR AMERICA	L LLADLIKOIIII T		C C00573154	
Check if 24-hour report 48-hour report New	report Amends repor		" M / D " D /	Y Y Y Y Y
Full Name of Payee SWIFTKURRENT			of Public Distribution	
			06 / 15	2015
Mailing Address 83 CABOT ST		Amour	nt	
City State	Zip Code			7.56
BEVERLY MA	01915		of Disbursement or	Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 15	2015
Name of Federal Candidate	X Support	Office Sought	t: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: WY
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement		General
	,		ther (specify) ►	
Full Name of Payee SWIFTKURRENT			of Public Distribution	Y Y Y Y Y
Mailing Address 83 CABOT ST		Amour	06 16 nt	2015
City State	Zip Code			16.05
BEVERLY MA	01915		ction ID : SE24.678 of Disbursement or	
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 16	2015
Name of Federal Candidate	X Support	Office Sough	t: House	District:
CARLY FIORINA	Oppose	X Preside	ent Senate	State: AK
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement 2016	t For: X Primary	/ General
(a) SUBTOTAL of Itemized Independent Expenditures		.	7	23.61
(b) SUBTOTAL of Unitemized Independent Expenditures		· [
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authoriparty committee) any political party committee or its agent.				
CHRIS MARSTON [Elect	tronically Filed] Date	07 /	31 / Y Y Y 201	5
Signature				

PAGE	334	OF	362	
FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE I	I EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LEADEROIII	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.679 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 / Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016
5 11 11 12		Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 16 2015 Amount
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.680 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 2015
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		32.10
(-)		
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electronic	cally Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	335	OF	362
FOR L	INE 24	OF I	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.681 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AS
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: Primary General 2016 Other (applie)
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 16 2015 Amount
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.682 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		32.10
(-)		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electroni	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	SIVE LEADERSHIP FOR
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.05
BEVERLY MA	01915 Transaction ID : SE24.683 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
SWIFTKURRENT	06 16 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.05
BEVERLY MA	01915 Transaction ID : SE24.684 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON	[Electronically Filed] Date 07 31 2015
Signature	

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN FUII) CONSERVATIVE, AUTHENTIC, RESPO	NSIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE EE/IBENOIM TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 16 2015
Mailing Address 83 CABOT ST		Amount
City Stat	te Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.685 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: CT
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis 201	bursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City	te Zip Code	16.05
BEVERLY M/	A 01915	Transaction ID : SE24.686 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures.	·	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature		

PAGE	338	OF	362
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE L	EADERSHID E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LADEROIII I	C C00573154
Check if 24-hour report 48-hour report New repo	ort Amends report	t filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.687 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.688 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 2015
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For: X Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		32.10
(-,		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electronic	cally Filed] Date	07 31 2015
Signature	2410	

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FOR L	INE 24	OF I	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE I	I EADERSHIP E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LEADEROIII	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.689 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 / Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016
5 11 11 12		Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 16 2015 Amount
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.690 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 2015
Name of Federal Candidate	Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: GU
Calendar Year-To-Date Per Election for Office Sought	336.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		32.10
(-)		
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electroni	cally Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	340	OF	362
FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON		FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	OIVE EE/OFM TOX	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee SWIFTKURRENT		f Public Distribution/Dissemination
		06 16 2015
Mailing Address 83 CABOT ST	Amoun	t
City State	Zip Code	16.05
BEVERLY MA		tion ID : SE24.691 f Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE		06 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought	: House District:
CARLY FIORINA	Oppose Preside	nt Senate State: HI
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2016 Ott	For:
Full Name of Payee SWIFTKURRENT	Date o	f Public Distribution/Dissemination
Mailing Address 83 CABOT ST	Amour	
City State	e Zip Code	16.05
BEVERLY MA	0.0.0	ction ID : SE24.692 If Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE		06 16 2015
Name of Federal Candidate	Support Office Sought	: House District:
CARLY FIORINA	Oppose Preside	nt Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	2583.19 Disbursement 2016 Ot	For:
(a) SUBTOTAL of Itemized Independent Expenditures		32.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.		
CHRIS MARSTON	[Electronically Filed] Date 07	31 / 2015
Signature		

PAGE	341	OF	362
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	SIVE LEADERSHIP FOR
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.05
BEVERLY MA	01915 Transaction ID : SE24.693 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 / 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination 06 16 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.05
BEVERLY MA	01915 Transaction ID : SE24.694 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON	[Electronically Filed] Date 07 31 2015
Signature	

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FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.05
BEVERLY MA	01915 Transaction ID : SE24.695 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.05
BEVERLY MA	01915 Transaction ID : SE24.696 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures	—————
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 07 31 2015
Signature	

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FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	SIVE LEADERSHIP FOR
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	06 / 16 / Y 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.05
BEVERLY MA	01915 Transaction ID : SE24.697 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST	
City State	Zip Code 16.05
BEVERLY MA	01915 Transaction ID : SE24.698 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
	Clectronically Filed] Date 07 31 2015
Signature	

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	SIVE LEADERSHIP FOI	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	OIVE EE/IBEROIM TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 16 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.06
BEVERLY MA	01915	Transaction ID : SE24.699 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	bursement For: X Primary General Other (specify) >
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 16 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.700 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis	sbursement For: Primary General Other (specify) • General
(a) SUBTOTAL of Itemized Independent Expenditures	>	32.11
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	·····	4-1-4-1-4-1
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	NSIVE I FADERSHIP FOI	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	TOTAL ELEMBERCOLIN TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on May / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 16 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	16.05
BEVERLY MA	01915	Transaction ID : SE24.701 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis	sbursement For:
Full Name of Payee SWIFTKURRENT	<u> </u>	Date of Public Distribution/Dissemination 06 16 2015
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	16.06
BEVERLY MA	01915	Transaction ID : SE24.702 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	336.98 Dis	sbursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures		32.11
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7
(c) TOTAL Independent Expenditures	·····	4 4
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature		

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FOR L	INE 24	OF	FORM 3X	

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	SIVE LEADERSHIP FOR
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.06
BEVERLY MA	01915 Transaction ID : SE24.703 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination 06 16 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.06
BEVERLY MA	01915 Transaction ID : SE24.704 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON	[Electronically Filed] Date 07 31 2015
Signature	

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FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 33
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONS	FEC IDENTIFICATION NUMBER
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemination
	06 / 16 / 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.06
BEVERLY MA	01915 Transaction ID : SE24.705 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: MP
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
SWIFTKURRENT	06 / 16 / 2015
Mailing Address 83 CABOT ST	Amount
City State	Zip Code 16.06
BEVERLY MA	01915 Transaction ID : SE24.706 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015
Name of Federal Candidate	Support Office Sought: House District:
CARLY FIORINA	Oppose President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ Genera 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
CHRIS MARSTON [E	Clectronically Filed] Date 07 31 2015
Signature	

PAGE	348	OF	362	
FOR L	INE 24	OF F	ORM 3X	

				FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (IN FUII) ONSERVATIVE, AUTHENTIC, RESPONSIVE	LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573154
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
ŀ				06 16 / 2015
	Mailing Address 83 CABOT ST			Amount
ŀ	City State	Zip Code		16.06
	BEVERLY MA	01915		Transaction ID : SE24.707 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 16 2015
t	Name of Federal Candidate	Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rsement For: X Primary General
ŀ				Other (specify)
	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
-	Mailing Address 83 CABOT ST			06 16 2015 Amount
┢	City State	Zip Code		16.06
	BEVERLY MA	01915		Transaction ID : SE24.708 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbu 2016	rrsement For:
	CUDTOTAL of Itamizad Indonordant Evranditures			20.40
(6	a) SUBTOTAL of Itemized Independent Expenditures		•	32.12
(i	b) SUBTOTAL of Unitemized Independent Expenditures		•	
(0	C) TOTAL Independent Expenditures		•	
W	Inder penalty of perjury I certify that the independent expenditures rith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	CHRIS MARSTON [Electroni	ically Filed] Date	M 07	7 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

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FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR					
YOU AND FOR AMERICA	TOTAL LEADERONN TOT	C C00573154			
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination			
		06 / 16 / 2015			
Mailing Address 83 CABOT ST		Amount			
City State	e Zip Code	16.06			
BEVERLY MA	01915	Transaction ID : SE24.709 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Office	ce Sought: House District:			
CARLY FIORINA	Oppose	President Senate State: ND			
Calendar Year-To-Date Per Election for Office Sought	336.98 Dist	bursement For:			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 16 2015			
Mailing Address 83 CABOT ST		Amount			
City State	e Zip Code	16.06			
BEVERLY MA	01915	Transaction ID : SE24.710 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office	ice Sought: House District:			
CARLY FIORINA	Oppose	President Senate State: NE			
Calendar Year-To-Date Per Election for Office Sought	336.98 Dist	bursement For: Primary General Other (specify) Other			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	32.12			
(b) SUBTOTAL of Unitemized Independent Expenditures	·				
(c) TOTAL Independent Expenditures	·····				
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of eith				
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

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FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FOI	RM 3X			
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR					
YOU AND FOR AMERICA	C C00573154				
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report	Y			
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemina				
	06 / 16 / Y 2018				
Mailing Address 83 CABOT ST	Amount				
City State	Zip Code 16	.06			
BEVERLY MA	01915 Transaction ID : SE24.711 Date of Disbursement or Obligation				
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 2015				
Name of Federal Candidate	Support Office Sought: House District: _				
CARLY FIORINA	Oppose President Senate State: _	NH			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ Grant Street	eneral			
Full Name of Payee SWIFTKURRENT	Date of Public Distribution/Dissemina M M / D D / Y Y 06 16 201:	Υ ΨΥ			
Mailing Address 83 CABOT ST	Amount				
City State	Zip Code 16.	.06			
BEVERLY MA	01915 Transaction ID : SE24.712 Date of Disbursement or Obligation				
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type 06 16 201				
Name of Federal Candidate	Support Office Sought: House District:				
CARLY FIORINA	Oppose President Senate State:	NJ			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ G 2016 Other (specify) ►	eneral			
(a) SUBTOTAL of Itemized Independent Expenditures	32.12	2			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •				
	enditures reported herein were not made in cooperation, consultation, or count outhorized committee or agent of either, or (if the reporting entity is not a po				
CHRIS MARSTON	[Electronically Filed] Date 07 31 2015				
Signature					

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR					
YOU AND FOR AMERICA	NOIVE LEADEROIM 1 OF	C C00573154			
Check if 24-hour report 48-hour report	New report Amends report file	d on Mam / Dab / Yayayay			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination			
		06 16 2015			
Mailing Address 83 CABOT ST		Amount			
City Sta	te Zip Code	16.06			
BEVERLY MA	A 01915	Transaction ID : SE24.713 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 2015			
Name of Federal Candidate	X Support Office	ce Sought: House District:			
CARLY FIORINA	Oppose	President Senate State: NM			
Calendar Year-To-Date Per Election for Office Sought	336.98 Disk 2010	oursement For:			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 83 CABOT ST		Amount			
City	ate Zip Code	16.06			
BEVERLY M	A 01915	Transaction ID : SE24.714 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 2015			
Name of Federal Candidate	X Support Office	ce Sought: House District:			
CARLY FIORINA	Oppose	President Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought	336.98 Dist	bursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	32.12			
(b) SUBTOTAL of Unitemized Independent Expenditures	·				
(c) TOTAL Independent Expenditures	·····				
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eith				
CHRIS MARSTON	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

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FOR L	INE 24	OF F	FORM 3X	

				FOR LINE 24 OF FORM 3X	
	NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR				
	OU AND FOR AMERICA			C C00573154	
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on M = M / D = D / Y = Y = Y	
1	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination	
-	Mailing Address			06 / 16 / 2015	
1	83 CABOT ST			Amount	
ŀ	City State	Zip Code		16.06	
	BEVERLY MA	01915	1	Transaction ID : SE24.715 Date of Disbursement or Obligation	
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
ı	Name of Federal Candidate	X Support	Office	Sought: House District:	
	CARLY FIORINA	Oppose	X	President Senate State: NY	
1	Calendar Year-To-Date Per Election for Office Sought	336.98	Disbur 2016	rsement For:	
ŀ	Full Name of Payee				
	SWIFTKURRENT			Date of Public Distribution/Dissemination 06 16 2015	
	Mailing Address 83 CABOT ST			Amount	
ŀ	City State	Zip Code		16.06	
	BEVERLY MA	01915	-	Transaction ID : SE24.716 Date of Disbursement or Obligation	
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:	
	CARLY FIORINA	Oppose	X	President Senate State: OH	
	Calendar Year-To-Date Per Election for Office Sought	336.97	Disbui 2016	rsement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		. •	32.12	
			r	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7	
(c) TOTAL Independent Expenditures		•	7 7 7	
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.				
	CHRIS MARSTON [Electroni	cally Filed] Date	M = 07	7 31 2015	
	Signature				

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR					
YOU AND FOR AMERICA	TOTAL ELEMENTONIA TOTAL	C C00573154			
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination			
		06 16 2015			
Mailing Address 83 CABOT ST		Amount			
City State	e Zip Code	16.06			
BEVERLY MA	01915	Transaction ID : SE24.717 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Offi	ice Sought: House District:			
CARLY FIORINA	Oppose	President Senate State: OK			
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis	bursement For: Primary General Other (specify) Other			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 16 2015			
Mailing Address 83 CABOT ST		Amount			
City Stat	e Zip Code	16.06			
BEVERLY MA	01915	Transaction ID : SE24.718 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Offi	ice Sought: House District:			
CARLY FIORINA	Oppose	President Senate State: OR			
Calendar Year-To-Date Per Election for Office Sought	336.97 Dis	sbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	>	32.12			
(b) SUBTOTAL of Unitemized Independent Expenditures	>				
(c) TOTAL Independent Expenditures	·····	4-1-4-1-4-1			
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith				
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015			
Signature					

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIV	E I EADERSHIP E	-OR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	L LLADLINGIIII I		C C00573154
Check if 24-hour report 48-hour report New	report Amends repor		/ D D / Y Y Y Y
Full Name of Payee SWIFTKURRENT		Date of	of Public Distribution/Dissemination
		M	06 / 16 / 2015
Mailing Address 83 CABOT ST		Amou	nt
City State	Zip Code		16.06
BEVERLY MA	01915		ction ID : SE24.719 of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	М	06 / 16 / 2015
Name of Federal Candidate	X Support	Office Sough	it: House District:
CARLY FIORINA	Oppose	X Preside	ent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	336.97	Disbursemen 2016	
Full Name of Payee	,		other (specify)
SWIFTKURRENT			of Public Distribution/Dissemination 06 16 2015
Mailing Address 83 CABOT ST		Amou	
City State	Zip Code		16.06
BEVERLY MA	01915	l l	oction ID : SE24.720 of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	N	06 16 2015
Name of Federal Candidate	X Support	Office Sough	nt: House District:
CARLY FIORINA	Oppose	X Preside	ent Senate State: PR
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures		.	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures		· [
(c) TOTAL Independent Expenditures		•	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.			
CHRIS MARSTON [Elect	ronically Filed] Date	07 /	31 2015
Signature			

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPON	ISIVE LEADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	iorve eeroem i on	C C00573154
Check if 24-hour report 48-hour report	New report	M = M / D = D / Y = Y = Y
Full Name of Payee SWIFTKURRENT	Date	e of Public Distribution/Dissemination
		06 16 2015
Mailing Address 83 CABOT ST	Amo	punt
City State	Zip Code	16.06
BEVERLY MA		saction ID : SE24.721 e of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ght: House District:
CARLY FIORINA	Oppose Presi	dent Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	336.96 Disburseme 2016	ent For:
Full Name of Payee SWIFTKURRENT		e of Public Distribution/Dissemination 06 16 2015
Mailing Address 83 CABOT ST	Amo	
City State	Zip Code	16.06
BEVERLY MA	0.0.0	saction ID : SE24.722 e of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 2015
Name of Federal Candidate	Support Office Sou	ght: House District:
CARLY FIORINA	Oppose Presi	ident Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	2683.13 Disburseme 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		32.12
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
CHRIS MARSTON	[Electronically Filed] Date 07	31 2015
Signature		

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN FUII) CONSERVATIVE, AUTHENTIC, RESPON	SIVE I FADERSHIP FOR	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	OIVE EE/OEIVOIIII 1 OIV	C C00573154
Check if 24-hour report 48-hour report	New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 16 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.06
BEVERLY MA	01915	Transaction ID : SE24.723 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 16 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought	336.96 Disb 2016	oursement For:
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 16 2015
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.06
BEVERLY MA	01915	Transaction ID: SE24.724 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	M 06 / 16 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District:
CARLY FIORINA	Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	336.96 Disk 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
	[Electronically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF F	ORM 3X

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	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE I	LEADERSHIP F	FOR	FEC IDENTIFICATION NUMBER ▼
	OU AND FOR AMERICA			C C00573154
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed o	on
-	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination
	Mailing Address			06 16 Y 2015
	83 CABOT ST			Amount
ŀ	City State	Zip Code		16.06
	BEVERLY MA	01915		Transaction ID : SE24.725 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 16 / 2015
ı	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disburs 2016	sement For:
ŀ	Full Name of Payee			
	SWIFTKURRENT			Date of Public Distribution/Dissemination 06 16 2015
ľ	Mailing Address 83 CABOT ST			Amount
ŀ	City State	Zip Code		16.06
	BEVERLY MA	01915	Т	Transaction ID : SE24.726 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:
	CARLY FIORINA	Oppose	X	President Senate State: UT
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disbur 2016	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures			32.12
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		· •	
(c) TOTAL Independent Expenditures		•	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	CHRIS MARSTON [Electroni	cally Filed] Date	M 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Bate		

PAGE	358		362
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE	I EADERSHID E	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	LLADLINGIIII I	C C00573154
Check if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	Zip Code	16.06
BEVERLY MA	01915	Transaction ID : SE24.727 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For: Primary General 2016 Other (case) (case)
5 11 11 12		Other (specify)
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
Mailing Address 83 CABOT ST		06 16 2015 Amount
City State	Zip Code	16.06
BEVERLY MA	01915	Transaction ID : SE24.728 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
CARLY FIORINA	Oppose	President Senate State: VI
Calendar Year-To-Date Per Election for Office Sought	336.96	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		32.12
(-)		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
CHRIS MARSTON [Electroni	ically Filed] Date	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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FOR L	INE 24	OF F	ORM 3X

				FOR LINE 24 OF FORM 3X	
	ME OF COMMITTEE (In Full) ONSERVATIVE, AUTHENTIC, RESPONSIVE	 LEADERSHIP I	FOR	FEC IDENTIFICATION NUMBER ▼	
	YOU AND FOR AMERICA				
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on Mam / Dab / Yayayay	
Т	Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination	
-	Mailing Address en CAROT ST			06 16 2015	
	83 CABOT ST			Amount	
ŀ	City State	Zip Code		16.06	
	BEVERLY MA	01915		Transaction ID : SE24.729 Date of Disbursement or Obligation	
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
ı	Name of Federal Candidate	X Support	Office	Sought: House District:	
	CARLY FIORINA	Oppose	X	President Senate State: VT	
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disbu 2016	rsement For:	
ŀ	Full Name of Payee			Date of Public Distribution/Dissemination	
	SWIFTKURRENT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 83 CABOT ST			Amount	
ŀ	City State	Zip Code		16.06	
	BEVERLY MA	01915		Transaction ID : SE24.730 Date of Disbursement or Obligation	
	Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
ľ	Name of Federal Candidate	X Support	Office	Sought: House District:	
	CARLY FIORINA	Oppose	X	President Senate State: WA	
	Calendar Year-To-Date Per Election for Office Sought	336.96	Disbu 2016	rsement For:	
(;	a) SUBTOTAL of Itemized Independent Expenditures			32.12	
,	,				
(1	b) SUBTOTAL of Unitemized Independent Expenditures		• •		
(0	c) TOTAL Independent Expenditures		•		
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.				
		ically Filed] Date	, 07	7 31 2015	
	Signature				

PAGE	360	OF	362
FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPOR	NSIVE I FADERSHIP FOI	FEC IDENTIFICATION NUMBER ▼
YOU AND FOR AMERICA	NOIVE EE/IBEROIM TO	C C00573154
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination
		06 16 Y Y Y Y Y
Mailing Address 83 CABOT ST		Amount
City State	e Zip Code	16.06
BEVERLY MA	01915	Transaction ID : SE24.731 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ice Sought: House District:
CARLY FIORINA	Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	336.96 Dis 201	sbursement For: X Primary General Other (specify) >
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 16 2015
Mailing Address 83 CABOT ST		Amount
City Stat	te Zip Code	16.06
BEVERLY MA	A 01915	Transaction ID : SE24.732 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District:
CARLY FIORINA	Oppose	Y President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	336.96 Dis	sbursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	•	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
CHRIS MARSTON	[Electronically Filed] Date	07 31 2015
Signature	_	

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FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR						
YOU AND FOR AMERICA					C00573154	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D D /	Y II Y II Y
Full Name of Payee SWIFTKURRENT			Da	te of Publ	ic Distribution/	Dissemination
				06	16	2015
Mailing Address 83 CABOT ST			An	nount		
City	tate	Zip Code	ΗГ			16.06
BEVERLY	ΛA	01915			D: SE24.733 ursement or C	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	16	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: WY
Calendar Year-To-Date Per Election for Office Sought		336.96	Disburser 2016	nent For:	✓ Primary pecify) ►	General
Full Name of Payee SWIFTKURRENT			Da			/Dissemination 2015
Mailing Address 83 CABOT ST			Ar	nount		
City	tate	Zip Code				127.60
BEVERLY	MA	01915			D: SE24.323 oursement or 0	Obligation
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type		06	22	2015
Name of Federal Candidate		X Support	Office So	ught:	House	District:
CARLY FIORINA		Oppose	X Pre	sident	Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought		2583.19	Disburser 2016	ment For:	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			• [· · · · · ·	143.66
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•		7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized					
CHRIS MARSTON	[Electroni	cally Filed] Date	07	/ 31	/ Y Y 201	
Signature						

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FOR L	INE 24	OF	FORM	Л 3X

		FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR						
YOU AND FOR AMERICA	C C00573154					
Check if 24-hour report 48-hour report	New report Amends report fi	iled on Man / Dab / Yayayay				
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination				
		06 22 2015				
Mailing Address 83 CABOT ST		Amount				
City Sta	te Zip Code	127.60				
BEVERLY MA	01915	Transaction ID : SE24.324 Date of Disbursement or Obligation				
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 22 / 2015				
Name of Federal Candidate	X Support Of	ffice Sought: House District:				
CARLY FIORINA	Oppose	President Senate State: IA				
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ▶				
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination 06 22 2015				
Mailing Address 83 CABOT ST		Amount				
City Sta	te Zip Code	127.60				
BEVERLY M	A 01915	Transaction ID : SE24.325 Date of Disbursement or Obligation				
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	X Support O	office Sought: House District:				
CARLY FIORINA	Oppose	President Senate State: SC				
Calendar Year-To-Date Per Election for Office Sought		isbursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures	•	255.20				
(b) SUBTOTAL of Unitemized Independent Expenditures	•					
(c) TOTAL Independent Expenditures		25709.13				
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of ei					
CHRIS MARSTON	[Electronically Filed] Date	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature	L.					